

Agency Information

AGENCY : HSCA  
RECORD NUMBER : 180-10107-10235  
RECORD SERIES : NUMBERED FILES  
AGENCY FILE NUMBER : 002420

Released under the John  
F. Kennedy  
Assassination Records  
Collection Act of 1992  
(44 USC 2107 Note).  
Case#:NW 54756 Date:  
10-31-2017

Document Information

ORIGINATOR : DOD  
FROM : NIELSEN, D.E.  
TO : HSCA

TITLE :

DATE : 09/29/1977  
PAGES : 207

SUBJECTS :  
HALL, LORAN, MILITARY SERVICE

DOCUMENT TYPE : LETTER  
CLASSIFICATION : Unclassified  
RESTRICTIONS : 3  
CURRENT STATUS : Withhold  
DATE OF LAST REVIEW : 05/18/1993

OPENING CRITERIA :

COMMENTS : Box 58.





OFFICE OF THE SECRETARY OF DEFENSE  
WASHINGTON, D.C. 20301

September 29, 1977

Mr. James L. Wolf  
Select Committee on Assassinations  
U.S. House of Representatives  
Washington, D. C. 20515

Dear Mr. Wolf:

As indicated in my letter of 21 September, additional Army records in the case of Loran A. Hall have been located through the Veterans Administration Headquarters in California. A certified copy of these records is appended hereto as Attachment 1.

The documents provided do not constitute a complete service record, since these were destroyed by the 1973 fire at the National Personnel Records Center. However, the file contains substantial medical records and substantiates military service by Mr. Hall as follows:

			Length of Service		
			Yrs.	Mos.	Days
U.S. Army	9 Jan 47	17 Apr 47	0	3	9
Kansas National Guard	20 Sep 47	29 Jun 48	0	9	9
U.S. Army	30 Jun 48	4 Aug 52	4	1	5
			5	1	23

Sincerely,

D. E. NIELSEN  
Captain, USN  
OSD/Special  
Coordination Staff

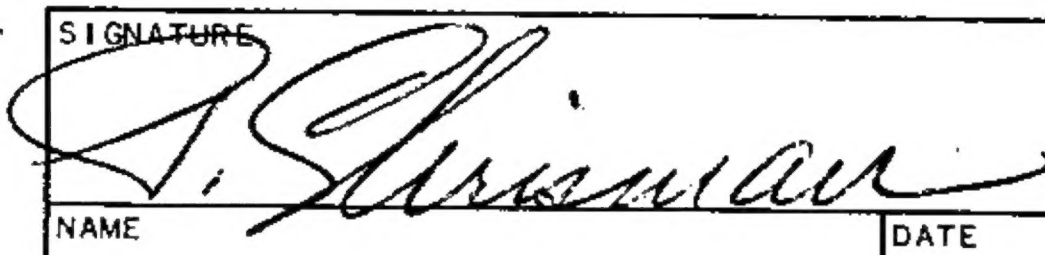
Attachment  
a/s



GENERAL SERVICES ADMINISTRATION  
National Archives and Records Service

Of all to whom these presents shall come, Greeting:

By virtue of the authority vested in me by the Administrator of General Services, I  
do hereby certify, on his behalf, under the seal of the United States General Services Administration  
that the attached reproduction(s) is a true and correct copy of documents in his custody.

SIGNATURE 	
NAME P. CHRISMAN	DATE Sept 27, 1977
TITLE Chief, Records Reconstruction Branch	
NAME AND ADDRESS OF DEPOSITORY National Personnel Records Center (Military Personnel Records) 9700 Page Boulevard St. Louis, MO 63132	

GSA FORM 6791C (REV. 3/77)



002420

REPORT SYMBOL: (N) DD-1

CHARACTER OF SEPARATION		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		DEPARTMENT	
NON-PAY				Army	
3. LAST NAME - FIRST NAME - MIDDLE NAME		4. SERVICE NUMBER		5. GRADE - RATE - RANK AND DATE OF APPOINTMENT	
Hall, Loren Eugene		RA 17 224 450		E-3-25 Oct 50	
6. SPECIALTY NUMBER OR SYMBOL		7. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER		8. EFFECTIVE DATE OF SEPARATION	
4677		Policeman 2-66,230		29 Jun 51	
9. REASON AND AUTHORITY FOR SEPARATION		10. PLACE OF SEPARATION		11. TYPE OF SEPARATION	
73 AR 618-360		Gardnerville, Germany		Mechanics	
12. DATE OF BIRTH		13. PLACE OF BIRTH (City and State)		14. DESCRIPTION	
4 Jan 48		Newton, Kansas		Male Caucasian Black 5' 7" 172	
15. REGISTERED		16. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)		17. INDUCTED	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SELECTIVE SERVICE NUMBER		Not applicable		Not applicable	
18. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT		19. COGNIZANT DISTRICT OR AREA COMMAND		20. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPONENT AND BRANCH OR CLASS		Not applicable		Private	
21. MEANS OF ENTRY OTHER THAN BY INDUCTION		22. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE		23. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE	
<input type="checkbox"/> ENLISTED <input checked="" type="checkbox"/> REENLISTED 3 years <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY		Private		30 Jun 48 Newton, Kansas	
24. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)		25. STATEMENT OF SERVICE FOR PAY PURPOSES		26. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY	
1264 West 5th St., Newton, Kansas		A. YEARS B. MONTHS C. DAYS		DAY MONTH YEAR AMOUNT	
		3 0 0		None	
27. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES		28. FOREIGN AND/OR SEA SERVICE		29. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	
1 0 18		YEARS MONTHS DAYS		3 0 0	
4 0 18		2 10 13		None	
30. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED		31. MOST SIGNIFICANT DUTY ASSIGNMENT		32. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)	
Army Dec Medal Army Dec Medal - Germany		521st Service Platoon, APO 172, US Army		None	
33. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST. GRAD. COURSES SUCCESSFULLY COMPLETED		34. DATES (From-To)		35. MAJOR COURSE	
7718 STON Intelligence School		Aug 48 - Dec 48		Military Police	
36. GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.		37. MONTH ALLOTMENT DISCONTINUED		38. MONTH NEXT PREMIUM DUE	
39. KIND OF INSURANCE (amount and premium due each month)		None		None	
40. TOTAL PAYMENT UPON SEPARATION		41. TRAVEL OR MILITARY ALLOWANCE INCLUDED IN TOTAL PAYMENT		42. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER	
\$406.47		\$57.24		M. J. Gobbie, 1Col EC 215 330	
43. REMARKS (Continue on reverse)		44. SIGNATURE OF OFFICER AUTHORIZED TO SIGN		45. NAME, GRADE AND TITLE (Typed)	
Blood Group "A" No time lost under Article 6 (a), appendix 2b, HCM, 1951. Residual Bonus \$360.00 paid by B. Galt, Maj FC CL "B" Agent, Gardnerville		46. SIGNATURE OF PERSON BEING SEPARATED		47. NAME, GRADE AND TITLE (Typed)	
		Loren Eugene Hall		Capt Adj	
48. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)		49. CLAIM NUMBER		50. DATE OF LAST CIVILIAN EMPLOYMENT	
None				Nov 47	
51. MAIN CIVILIAN OCCUPATION		52. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER		53. UNITED STATES CITIZEN	
Salesman 1-88,320		W. H. Bond Product Co., Newton, Kansas		YES <input type="checkbox"/> NO <input type="checkbox"/>	
54. MARITAL STATUS		55. NON-SERVICE EDUCATION (Years successfully completed)		56. MAJOR COURSE OR FIELD	
Single		9 3 0 None		None	
57. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City, and State)		58. SIGNATURE OF PERSON BEING SEPARATED		59. DATE OF LAST CIVILIAN EMPLOYMENT	
111 South 7th St., Newton, Kansas		Loren Eugene Hall		Nov 47	

DD FORM-214

G.P.O. 1950-917007

VETERANS ADMINISTRATION REGIONAL OFFICE COPY  
All Services: To Veterans Administration Regional Office Having Jurisdiction Over The Area Indicated  
In Item 47



SEPARATION DATA		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES				DEPARTMENT	
1. LAST NAME—FIRST NAME—MIDDLE NAME		2. SERVICE NUMBER		3. GRADE—RATE—RANK AND DATE OF APPOINTMENT		4. COMPONENT AND BRANCH OR CLASS	
Hall Loren Eugene		RA17 224 450		Cpl 25 Oct 50 (1)		PA	
5. QUALIFICATIONS		6. EFFECTIVE DATE OF SEPARATION		7. TYPE OF SEPARATION			
SPECIALTY NUMBER OR SYMBOL 4577		RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER M1 Police		DAY MONTH YEAR 2 AUG 52		Discharge	
8. REASON AND AUTHORITY FOR SEPARATION		9. PLACE OF SEPARATION					
AR515-365 C/G Item 38		5th Arm'd Mv Co Chaffee ARK					
10. DATE OF BIRTH		11. PLACE OF BIRTH (City and State)		12. DESCRIPTION			
DAY MONTH YEAR 2 Jan 30		Newton Kansas		SEX RACE COLOR HAIR COLOR EYES HEIGHT WEIGHT Male Can Black Brown 72 160			
13. REGISTERED		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)				15. INDUCTED	
YES NO W NA		NA				DAY MONTH YEAR NA	
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT		COGNIZANT DISTRICT OR AREA COMMAND					
YES NO Y NA		NA					
17. MEANS OF ENTRY OTHER THAN BY INDUCTION		18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE					
<input type="checkbox"/> ENLISTED <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY		Cpl					
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)					
DAY MONTH YEAR PLACE (City and State) 30 Jun 51 Bavaria Germany		111 SE 7th St (Harvey Co) Newton Kansas					
21. NET ( ) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD		A. YEARS		B. MONTHS		C. DAYS	
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD		NA		NA		NA	
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES		1		1		5	
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES		5		1		23	
25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED		None					
26. MOST SIGNIFICANT DUTY ASSIGNMENT		27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)					
Det E 62d HP Hvy Patrol Co		None					
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED		DATES (From-To)		MAJOR COURSE		31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED	
None						ABSTRACT None	
GOVERNMENT INSURANCE INFORMATION: If premium is not paid when due, or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the United States. Forward payments for National Service Life Insurance to the Collections Unit, Veterans Administration District Office having jurisdiction of area in which you maintain your mailing address for insurance purposes. Forward payments for United States Government Life Insurance to Collections Division, Veterans Administration, Washington 25, D. C. When making insurance payments be sure to give full name and mailing address for insurance purposes, service number and policy number(s), if known.							
29. KIND OF INSURANCE (amount and premium due each month)		30. MONTH ALLOTMENT DISCONTINUED		31. MONTH NEXT PREMIUM DUE			
N. S. L. I. U. S. G. L. I.							
32. TOTAL PAYMENT UPON SEPARATION		33. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT		34. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER			
\$139.23		\$35.28		LORDIN H PERRY Capt EC 215-409			
35. REMARKS (Continued on reverse)		36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN		NAME, GRADE AND TITLE (Typed)			
O time lost under Sec 6(a) App 2b HQR 1951 Blood Group A Pvt (P) 26 Oct 49 IOP PL550 Paid Disability existing prior to entry into active service and not aggravated by Military Service SE600-450-10 Date of Final Payment 4 August 1952		[Signature]		E ZANDRANA-ZAYAS 1st Lt AGC Asst Adjutant			
37. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)		38. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER		CLAIM NUMBER			
COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.		None		NA			
39. DATES OF LAST CIVILIAN EMPLOYMENT		40. MAIN CIVILIAN OCCUPATION		41. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER			
FROM TO 1947 1948		Salesman		[Address]			
42. UNITED STATES CITIZEN		43. MARITAL STATUS		44. NON-SERVICE EDUCATION (Years successfully completed)		45. MAJOR COURSE OR FIELD	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Married		8 3 0 None		Academic	
46. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)		47. SIGNATURE OF PERSON BEING SEPARATED					
3011 Dwyer St (Labette Co) Parsons Kansas		[Signature]					

DD FORM 214  
1 JAN 50VETERANS ADMINISTRATION REGIONAL OFFICE COPY (ALL SERVICES: TO VETERANS.  
ADMINISTRATION REGIONAL OFFICE HAVING JURISDICTION OVER THE AREA  
INDICATED IN ITEM 47)





## SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

LAST NAME—FIRST NAME—MIDDLE INITIAL			MILITARY OCCUPATIONAL ASSIGNMENTS		
			10. MONTHS	11. GRADE	12. MILITARY OCCUPATIONAL SPECIALTY
HALL LORAN E			2	Pvt	BI Basic Training (521)
2. ARMY SERIAL No.	3. GRADE	4. SOCIAL SECURITY No.			
17 224 450	Pvt	515 20 3802			
5. PERMANENT MAILING ADDRESS (Street, City, County, State) 126½ W. 6th, Harvey County Newton, Kansas					
6. DATE OF ENTRY INTO ACTIVE SERVICE	7. DATE OF SEPARATION	8. DATE OF BIRTH			
9 Jan 47	17 Apr 47	4 Jan 30			
9. PLACE OF SEPARATION Separation Point Fort Lewis, Washington					

## SUMMARY OF MILITARY OCCUPATIONS

TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

NO MILITARY ASSIGNMENT:



# MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

Completed 8 weeks of basic training course included map reading, marksmanship, manual of arms, close order drill, first aid and physical training. Performed duties as company painter. Painted signs and buildings.

# CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL	OTHER TRAINING OR SCHOOLING	
2 yrs HS	None	1943	20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED			None	
Newton High School Newton, Kansas				
19. MAJOR COURSES OF STUDY				
Academic				

# CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

TRUCK DRIVER, LIGHT: For 3 years previous to entering the armed service was employed by the Dawell Incorporation, Newton, Kansas. Drove and operated all types of heavy trucks including semi-tanker. Drove approximately 150 miles per day over all types of roads. Did day and night driving. Serviced, lubricated and made minor repairs to the vehicle.

# ADDITIONAL INFORMATION

23. REMARKS

Speaks, reads and writes Spanish language.



COUNSELOR: Geddes

24. SIGNATURE OF PERSON BEING SEPARATED	25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER	26. NAME OF OFFICER (Typed or Stamped) ELDON M SCHMIDT CWO USA
---	--	--



ENLISTMENT RECORD REGULAR ARMY				DO NOT USE THIS COLUMN
LAST NAME—FIRST NAME—MIDDLE NAME Hall, Loran Eugene		ARMY SERIAL NO. RA17224450	RACE (See Instruction 6.) White	73--
HOME ADDRESS (Number and street or rural route—If none, no state; city, town or post office; county and State.) (See Instruction 9.) 126 1/2 West 6th Newton (Harvey County) Kansas				7330
PLACE OF ENLISTMENT Ft. Riley Kansas	DATE OF ENLISTMENT 9 January 47	ENLISTED IN THE GRADE OF Pvt		190147
FOR (If enlisted for less than 3 years, enter "REGULAR ARMY UNASSIGNED." If enlisted for 3 years, enter term of enlistment or other major facts stated or authorized by current regulations. If no election is made, enter "REGULAR ARMY UNASSIGNED.") (See Instructions 14 and 16.) 82nd A/B		LENGTH OF ENLISTMENT (Words and Figures) Three (3)	Pvt	
FOR ASSIGNMENT IN (If enlisted for less than 3 years, leave this space blank. If enlisted for 3 years, enter overseas (header only as authorized by current regulations or leave blank at option of applicant.)		SERVICE COMPLETED FOR LONGEVITY PAY Over 6 mos	8	
LAST ENLISTED SERVICE <input type="checkbox"/> REGULAR ARMY <input type="checkbox"/> ON RESERVE <input type="checkbox"/> FEDERAL NATIONAL GUARD <input type="checkbox"/> STATE NATIONAL GUARD <input type="checkbox"/> AIR ENLISTED <input type="checkbox"/> IN <input type="checkbox"/> MC				000
COMPANY, REGIMENT, BATTAL OR SERVICE, AND MAJOR FORCE None		DATE OF DISCHARGE None	IN THE GRADE OF None	
MOTHER TONGUE English			000	
DECLARATION OF APPLICANT (See Instruction 7)				
1. DATE OF BIRTH 4 January 1930		2. PLACE OF BIRTH Newton Kansas		3
3. RACE (See Instruction 6.) White		4. ARE YOU A CITIZEN OF THE UNITED STATES (If a naturalized citizen, state how, when, and where naturalized.) Yes		--
5. NUMBER OF GRADES COMPLETED IN GRAHAM SCHOOL Eight (8)		6. NUMBER OF GRADES COMPLETED IN HIGH SCHOOL One (1)		2
7. YEARS COMPLETED IN COLLEGE OR UNIVERSITY None		8. HOW LONG DID YOU WORK AT IT? Two (2)-Yrs		73
9. WHAT IS YOUR CIVILIAN TRADE OR OCCUPATION? Truck Driver		10. USUALLY WAGE \$50.00		30
11. WHAT SPECIAL MILITARY QUALIFICATION OR OCCUPATION HAVE YOU? (Example—Cook, company clerk, radio operator, supply sergeant, etc.)		12. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		1
13. IS ANYONE DEPENDENT ON YOU FOR SUPPORT? No		14. NUMBER AND RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT None		1
15. HAVE YOU EVER BEEN CONVICTED OF A FELONY? No		16. HAVE YOU EVER BEEN IMPRISONED UNDER SENTENCE OF A CIVIL COURT? (If no, when and where? Under Remarks give details.) No		345
17. HAVE YOU EVER SERVED IN THE U. S. MILITARY OR NAVAL SERVICE, THE MARINE CORPS, COAST GUARD, OR NATIONAL GUARD IN AN ACTIVE, INACTIVE, OR RESERVE STATUS? (If so, state last service, date, nature, and cause of separation (if any).)		18. HAVE YOU EVER PREVIOUSLY APPLIED FOR ENLISTMENT AND BEEN REJECTED? (If so, give date, place, and cause of rejection.) No		00-00
19. HAVE YOU EVER HAD SPELLS OF UNCONSCIOUSNESS OR FAINTING, EPILEPSY, CONVULSIONS OR FITS, ENCEPHALITIS, NERVOUS TROUBLE OF ANY KIND, FEVER, SHALB TROUBLE, BLINDNESS, EAR, EYE INJURY OR INFLAMMATION, CHRONIC HEADACHES, MALARIA, TUBERCULOSIS, ASTHMA, POOD OR POLLEN ALLERGY, CLAPNETS OR STOMACH OR DUODENAL ULCER, SCARLET FEVER, CHRONIC BACK PAIN, ARTHRITIS, RHEUMATISM, RHEUMATIC FEVER, MEASLES, BROKEN BONES, UNLOCATED JOINTS, LOCKED JOINTS, HAVE YOU OR ANY MEMBER OF YOUR FAMILY BEEN TREATED AT A HOSPITAL, ASYLUM OR SANITARIUM FOR A NERVOUS OR MENTAL CONDITION OR DISEASE? HAVE YOU EVER BEEN ADDICTED TO THE USE OF ALCOHOL, MARIJUANA, NARCOTIC OR HABIT-FORMING DRUGS? (If answer to any part of the foregoing is "Yes," give dates and amounts to which answer refers. Use additional plain sheet of paper for details, if necessary.) No		20. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NOW SOUND AND WELL? (If not, give details.) Yes		9
21. DO YOU KNOW THAT IF YOU ARE REJECTED BECAUSE OF ANY DISQUALIFICATIONS KNOWN TO YOU AND CONCEALED FROM THE ACCEPTING OFFICER, YOU WILL NOT BE FURNISHED WITH RETURN TRANSPORTATION TO THE PLACE OF ACCEPTANCE? Yes		22. DO YOU KNOW THAT IF YOU RECEIVE YOUR ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO YOUR QUALIFICATIONS FOR ENLISTMENT, YOU ARE LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT? Yes		
I DECLARE THAT I AM NOT NOW A MEMBER OF THE ARMY (Officers' Reserve Corps, Regular Army Reserve and Enlisted Reserve Corps excepted) NAVY, MARINE CORPS, NATIONAL GUARD, OR COAST GUARD IN AN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS; THAT THE FOREGOING QUESTIONS AND MY ANSWERS THEREIN HAVE BEEN READ TO ME, THAT MY ANSWERS HAVE BEEN CORRECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.				
DIVISION (Place of acceptance) Newton, Kansas		KANSAS 10 Recruiting District		DATE OF ACCEPTANCE 7 January 1947
SIGNATURE, GRADE, AND ORGANIZATION OF WITNESS (To be witnessed by recruiting officer.) Edward D. Maguire		SIGNATURE OF APPLICANT Loran E. Hall		
VERIFIED AT (See Instructions 7.) Ft. Riley Kansas		BY (Signature of recruiting officer) John M. Dooley S/Set		GRADE AND ORGANIZATION OF RECRUITING OFFICER Capt 10
NAME AND GRADE OF CAPTAIN John M. Dooley S/Set				ENLISTED UNDER NO. PLUMLET 12-14, 1947 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REMARKS R-1 Test Score 45 Dtd 7 Jan 47				



## INSTRUCTIONS GENERAL

See AR 600-750.

Care will be exercised by all concerned in the preparation of this form to obviate the necessity for returning it for correction. It will be carefully scrutinized after completion for errors and omissions and compared with the prescribed entries made from it on the Service Record (WD AGO Form 24 or 24A), which will be opened before this form is mailed to The Adjutant General. This form will be used for enlistments in the Regular Army only.

### FOR THE PREPARATION OF THE ENLISTMENT RECORD

1. Only an original will be prepared. Blue-black or black ink or typewriter ribbon only will be used. Retained or duplicate copies of this record will not be prepared without specific instructions from The Adjutant General.
2. The complete original record will be forwarded to The Adjutant General by the recruiting officer. The record of a rejected applicant will be marked "Rejected" at the top of the first page and, except in case of an applicant with prior military service, will be filed at the place of rejection. The record of a rejected applicant having prior military service, who is rejected for physical reasons, will be forwarded to The Adjutant General. The enlistment record will be mailed flat and will be accompanied only by such papers as are required in connection with the enlistment.
3. The name, race, home address, last service in the Army, and declaration of the applicant will be filled out at the station where applicant is accepted for enlistment. The remainder of the record will be filled out at the depot, post, or station to which the applicant is sent for final physical examination and enlistment. Particular care will be taken to determine the bona fide home or residence of the applicant. "United States Army" will not be accepted as the home address.
4. The correct name of the applicant will be ascertained, and it will be written and signed exactly as indicated in each place on the form. A trial signature will be required before signing the Enlistment Record. In the case of men reenlisting, if the enlisting man's name assigned on the record of reenlistment differs in any particular from the name as shown on the discharge certificate or other available evidence of prior service, a notation will be entered under "Remarks" on page 1 of this form showing the name under which prior service was rendered.
5. Service in the Army (See par. 18, page 1) includes service in the Regular Army, the Regular Army Reserve, National Guard, called or drafted into Federal Service, Enlisted Reserve Corps, or Army of the United States.
6. Race will be indicated as white, colored, Indian (referring to American Indian only), Puerto Rican, Cuban, Mexican, Hawaiian, Filipino, Chinese, East Indian, etc. As here employed "colored" will include the American Negro, mulattoes, and others of negroid race or extraction. For mixed races, except mulattoes, the nationality will be considered as synonymous with the race; for example: Mexican, Filipino, etc. Asiatics, other than members of the white or Caucasian race, will, as a rule, be indicated by nationality; for example: Chinese, East Indian, etc.
7. The declaration of the applicant will be taken before he has been stripped, and any statement indicating a possible cause for rejection will be followed up by searching inquiry and examination and the result noted on the record. This declaration may be taken at a substation by an enlisted man designated by the recruiting officer, if no commissioned officer is available, in which case the enlisted man will sign as "Witness," but the recruiting officer must verify the statements of the applicant before enlistment.
8. The physical examination will conform to the provisions of AR 40-105 or other prescribed regulations. Deviations from normal, though not a cause for rejection, will be noted under the proper headings. If waiver of defects is secured from higher authority, cite the authority.
9. Under the heading, "Remarks" (Page 1) will be noted any authorized special assignment.

### FOR THE PREPARATION OF DESIGNATION OF RELATIVE TO BE PAID SIX MONTHS' GRATUITY IN CASE OF DEATH

10. Every enlisted man, upon enlistment and reenlistment in the Army of the United States, will be fully informed regarding his right to designate a beneficiary under the Act of Congress approved December 17, 1919 (AR 600-600), as amended by the Act approved December 10, 1941 (Sec. IV, Bul. 35, W. D., 1941), and the Act approved December 17, 1945 (Sec. I, Bul. 35, W. D., 1945), and such designation will be prepared on this form. A friend, a guardian (as such), an institution, or an estate is not eligible for designation as a beneficiary; the beneficiary must be a relative of the enlisted man and dependent upon him for support. The word "dependent" will be construed as potential, as distinct from an actual dependency referred to under Paragraph 6, Declaration of Applicant. For each beneficiary such as wife or child, designation will be made showing the name and address of person or persons eligible, or the word "None" will be written in the proper space. The information on lines 1 and 3 will conform to answers in Paragraph 6 of Declaration of Applicant regarding conjugal condition. If the enlisted man does not desire to designate a beneficiary other than wife or child he will be required to make the following statement on line 3 in his own handwriting: "I decline to designate any person as my beneficiary," or the statement may be inserted with a rubber stamp and initialed by the enlisting man. If he names a beneficiary on line 3 but does not desire to designate an alternate beneficiary, he will be required to make the following statement on line 4 in his own handwriting: "I decline to designate an alternate beneficiary," or the statement may be inserted with a rubber stamp and initialed by the enlisted man.
11. Names and addresses will be legibly written, typewriter being used when practicable. Except in signature, names will be written in full, and street and house number, if any, will be given.
12. The signature of the enlisted man will be witnessed by the recruiting officer or other available commissioned officer.
13. Designation duly made and filed under the Act will continue to be valid and sufficient during the term of enlistment for which made until the enlisted man is separated from active service, or until a change among the persons eligible as beneficiary, addition thereto, or discontinuance of eligibility occurs, in which event redesignation of beneficiary will be made on Designation or Change of Relative to be Paid Six Months' Gratuity in Case of Death (WD AGO Form 41).
14. Men who are discharged for the purpose of immediate enlistment may be assigned to the organization in which serving at time of discharge in accordance with regulations (currently paragraph 23b, WD Circular 110, dated 17 April 1946). Such assignments are initial assignments only, and no promise will be made or implied that these assignments are for any specified period of time beyond that authorized by current War Department directives.
15. Indicate initial assignment of all enlistees, if known, subsequent to the time the applicant takes the Oath of Enlistment:

ARM OR SERVICE	MAJOR FORCE			
	AGF	AAF	UNASSIGNED	OTHER



## OATH AND CERTIFICATE OF ENLISTMENT

STATE OF Kansas  
CITY, TOWN OR MILITARY POST Ft. Riley, Kansas  
I, Loran Eugene Hall, A CITIZEN OF THE UNITED STATES, DO HEREBY ACKNOWLEDGE  
(First name—Middle name—Last name)  
TO HAVE VOLUNTARILY ENLISTED THIS 9th DAY OF January, 1947, AS A SOLDIER IN THE REGULAR ARMY OF THE UNITED STATES OF AMERICA FOR THE  
PERIOD OF Three (3) years & 22/2 UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED  
(Words and figures indicated by soldier)  
BY PROPER AUTHORITY, AND DO ALSO AGREE TO ACCEPT FROM THE UNITED STATES SUCH BOUNTY, PAY, RATIONS, AND CLOTHING AS ARE OR MAY BE ESTABLISHED BY LAW, AND I DO SOLEMNLY SWEAR (or Affirm) THAT  
I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE UNITED STATES OF AMERICA; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER, AND THAT I WILL OBEY THE ORDERS OF  
THE PRESIDENT OF THE UNITED STATES, AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO THE RULES AND ARTICLES OF WAR.

SIGNATURE:

Loran E. Hall  
(First name—Middle name—Last name)

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SIGNED TO BEFORE ME THIS 9th DAY OF January, A. D. 47. I FURTHER CERTIFY THAT THIS  
SOLDIER WAS IMMEDIATELY INSTRUCTED BY ME PREVIOUS TO HIS SUBSCRIPTION TO THE OATH THAT I FOUND HIM EXTREMELY SOBER AND IN FULL POSSESSION OF ALL HIS MENTAL FACULTIES, THAT TO THE BEST OF MY  
ADJUDGMENT AND BELIEF HE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING HIM INTO THE SERVICE OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS WHICH GOVERN THE RECRUITING  
SERVICE. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FILLED IN, WAS READ TO THE APPLICANT BEFORE HIS SUBSCRIPTION THERETO.

EDWARD A. MAORI, Capt. AO Summary Court  
(Typed name, grade, and organization of recruiting officer)

Edward A. Maori  
(Signature of recruiting officer)

1. Carefully compare with the name at top of page 1.  
2. The date in the oath and certificate must be the same.  
3. The signature must be identical with that subscribed to Declaration of Applicant.

## NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

FULL NAME OF NEAREST RELATIVE (Order them with or minor child.)

Marie D Hall

RELATIONSHIP

Mother

ADDRESS (Number and street or rural route—If none, no state, city, town, or post office; State or country.)

126 1/2 W 6th Newton, Kansas

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY.

Marie D Hall

RELATIONSHIP (If friend, no state.)

Mother

ADDRESS (Number and street or rural route—If none, no state, city, town, or post office; State or country.)

126 1/2 W 6th Newton, Kansas

## DESIGNATION OF BENEFICIARY

THE PERSONS ELIGIBLE TO BE MY BENEFICIARY ARE DESIGNATED BELOW:

1. FULL NAME AND ADDRESS OF WIFE (If no wife, or if she is deceased or divorced, no state.)

None

2. FULL NAME AND ADDRESS OF EACH MINE CHILD AND EACH DEPENDENT CHILD OVER 21 YEARS OF AGE (If there are no children, no state. If the address is the same as the wife's, no state. Do not repeat address.)

None

3. IN THE EVENT OF MY LEAVING NO WIFE OR CHILD, OR THEIR DECEASE BEFORE PAYMENT IS MADE, I THEN DESIGNATE AS MY BENEFICIARY THE FOLLOWING RELATIVE (Give name, relationship and address.) (See Instruction 10.)

Marie D Hall (mother) 126 1/2 W 6th Newton, Kansas

4. IN THE EVENT OF THE DEATH OR DISQUALIFICATION OF THE LAST-NAMED DEPENDENT RELATIVE BEFORE PAYMENT IS MADE, I THEN DESIGNATE AS MY BENEFICIARY THE FOLLOWING RELATIVE (Give name, relationship, and address.) (See Instruction 10.)

Jack F Hall (father) 126 1/2 W 6th Newton, Kansas

SIGNATURE OF ENLISTED MAN (First name—Middle initial—Last name.)

Loran E. Hall

WITNESSED AT:

Ft. Riley, Kansas

DATE:

9 Jan 47

TYPED NAME, GRADE, AND ORGANIZATION OF WITNESS ATTESTING

EDWARD A. MAORI, Capt. AO Ret-0

SIGNATURE OF WITNESS

Edward A. Maori



# PHYSICAL AND MENTAL EXAMINATION

LAST NAME—FIRST NAME—MIDDLE NAME <b>Hall, Loran Eugene</b>		ARMY SERIAL NO. <b>RA1722450</b>		RACE <b>White</b>		DATE OF EXAMINATION <b>9 Jan 47</b>	
1. MEDICAL HISTORY—THE MEDICAL OFFICER WILL ELABORATE UPON THE CONDITIONS LISTED IN ITEM CONCERNING PHYSICAL DEFECTS AND USE OF ARMY RESERVE DURING ON PAGE 1 AND UPON ANY OTHER KNOWN MEDICAL FACTS (If necessary, use additional sheet of paper.)							
2. INTELLIGENCE STANDARDS							
HIGH SCHOOL GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ENGLISH SPEAKING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CLASSIFICATION TEST (Paper and) <b>R-1</b>		SCORE <b>45</b>	
ELUCIDATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DOES APPLICANT MEET MINIMUM INTELLIGENCE STANDARDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
3. COMPLEXION <b>Ruddy</b>		4. DENTURE (Indicate restorable portions with R, nonrestorable portions with N, missing natural teeth with X, teeth replaced by denture—horizontal line over X as XXX and teeth replaced by fixed bridge—indicate abutments—(XO).					
5. COLOR OF HAIR <b>Black</b>		6. COLOR OF EYES <b>Blue</b>		7. HEIGHT (Indicate right and left measurements) <b>5' 10"</b>			
8. POSTURE <b>Normal</b>		9. FRAME <b>Medium</b>		10. WEIGHT (Pounds) <b>152</b>			
11. HEARING (If abnormal, indicate) <b>Right ear 15, Left ear 15</b>		12. EYE ABNORMALITIES <b>None</b>		13. EYE ABNORMALITIES <b>None</b>			
14. BLOOD PRESSURE <b>Systolic 120, Diastolic 70</b>		15. URINALYSIS <b>Normal</b>		16. BLOOD SUGAR <b>Normal</b>			
17. ECG <b>Normal</b>		18. RESULTS OF LABORATORY EXAMINATIONS, WHEN MADE <b>Negative</b>		19. BLOOD SEROLOGY <b>Negative</b>			
20. REMAINS ON DEFECTS NOT ADEQUATELY DESCRIBED ABOVE (Use additional sheets if necessary.) <b>None</b>		21. SUMMARY OF DEFECTS IN ORDER OF IMPORTANCE, DEPRESSION OF PHYSICAL FITNESS <b>None</b>		22. OTHER DATA <b>None</b>			
23. I CERTIFY THAT I HAVE CAREFULLY EXAMINED THE APPLICANT AND HAVE CORRECTLY RECORDED THE RESULTS OF THE EXAMINATION AND THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF: <input checked="" type="checkbox"/> A. HE IS MENTALLY AND PHYSICALLY QUALIFIED FOR SERVICE IN THE UNITED STATES ARMY IN A GENERAL SERVICE CAPACITY. <input type="checkbox"/> B. HE IS <input type="checkbox"/> PHYSICALLY <input type="checkbox"/> MENTALLY DISQUALIFIED FOR SERVICE IN THE UNITED STATES ARMY BY REASON OF:							
PLACE <b>Ft Riley, Kansas</b>		SIGNATURE <b>Robert J. Greaves</b>					
DATE <b>7 Jan 47</b>		NAME (Typed or stamped) <b>ROBERT J. GREAVES</b>		GRADE <b>1ST LT, MC</b>			

When indicated, check blocks indicated.

**FINGERPRINTS—RIGHT HAND**

(Fingerprint impressions will be made in this space in the case of every man enlisting and reenlisting in the Regular Army)

1. INDEX	2. MIDDLE	3. RING	4. PINKY	5. THUMB



1264 WEST 6th NORTH PLAINS	1722450	PVI	1264 WEST 6th NORTH PLAINS	1722450	PVI
-------------------------------	---------	-----	-------------------------------	---------	-----

15. <u>Indicate history of malaria or syphilis</u> A. Heart murmur 1944 B. Back injury back of spine 1945 - In Army Feb 47 Madison Co. Mo. (over)				YES no	no no	no yes	no no
--	--	--	--	-----------	----------	-----------	----------

1. Sex: Male		2. Date of Birth: 10/10/1917		3. Grade: Captain		4. Branch: Army		5. Component: 1st Cavalry Division		6. Station: 1st Cavalry Division		7. Duty Station: 1st Cavalry Division		8. Date of Report: 10/10/1917		9. Signature: [Signature]	
10. Height: 5' 10"		11. Weight: 170 lbs		12. Blood Pressure: 120/80		13. Heart Rate: 72		14. Temperature: 98.6		15. Pulse: 72		16. Respiration: 16		17. Blood Sugar: 100		18. Urine: Normal	
19. Vision: Normal		20. Hearing: Normal		21. Speech: Normal		22. Taste: Normal		23. Smell: Normal		24. Touch: Normal		25. Pain: Normal		26. Reflexes: Normal		27. Mental: Normal	
28. Physical: Normal		29. Mental: Normal		30. Personality: Normal		31. Social: Normal		32. Family: Normal		33. Friends: Normal		34. Enemies: Normal		35. Acquaintances: Normal		36. Strangers: Normal	
37. Known to: Normal		38. Known by: Normal		39. Known as: Normal		40. Known to: Normal		41. Known by: Normal		42. Known as: Normal		43. Known to: Normal		44. Known by: Normal		45. Known as: Normal	
46. Known to: Normal		47. Known by: Normal		48. Known as: Normal		49. Known to: Normal		50. Known by: Normal		51. Known as: Normal		52. Known to: Normal		53. Known by: Normal		54. Known as: Normal	
55. Known to: Normal		56. Known by: Normal		57. Known as: Normal		58. Known to: Normal		59. Known by: Normal		60. Known as: Normal		61. Known to: Normal		62. Known by: Normal		63. Known as: Normal	
64. Known to: Normal		65. Known by: Normal		66. Known as: Normal		67. Known to: Normal		68. Known by: Normal		69. Known as: Normal		70. Known to: Normal		71. Known by: Normal		72. Known as: Normal	
73. Known to: Normal		74. Known by: Normal		75. Known as: Normal		76. Known to: Normal		77. Known by: Normal		78. Known as: Normal		79. Known to: Normal		80. Known by: Normal		81. Known as: Normal	
82. Known to: Normal		83. Known by: Normal		84. Known as: Normal		85. Known to: Normal		86. Known by: Normal		87. Known as: Normal		88. Known to: Normal		89. Known by: Normal		90. Known as: Normal	
91. Known to: Normal		92. Known by: Normal		93. Known as: Normal		94. Known to: Normal		95. Known by: Normal		96. Known as: Normal		97. Known to: Normal		98. Known by: Normal		99. Known as: Normal	
100. Known to: Normal		101. Known by: Normal		102. Known as: Normal		103. Known to: Normal		104. Known by: Normal		105. Known as: Normal		106. Known to: Normal		107. Known by: Normal		108. Known as: Normal	
109. Known to: Normal		110. Known by: Normal		111. Known as: Normal		112. Known to: Normal		113. Known by: Normal		114. Known as: Normal		115. Known to: Normal		116. Known by: Normal		117. Known as: Normal	
118. Known to: Normal		119. Known by: Normal		120. Known as: Normal		121. Known to: Normal		122. Known by: Normal		123. Known as: Normal		124. Known to: Normal		125. Known by: Normal		126. Known as: Normal	
127. Known to: Normal		128. Known by: Normal		129. Known as: Normal		130. Known to: Normal		131. Known by: Normal		132. Known as: Normal		133. Known to: Normal		134. Known by: Normal		135. Known as: Normal	
136. Known to: Normal		137. Known by: Normal		138. Known as: Normal		139. Known to: Normal		140. Known by: Normal		141. Known as: Normal		142. Known to: Normal		143. Known by: Normal		144. Known as: Normal	
145. Known to: Normal		146. Known by: Normal		147. Known as: Normal		148. Known to: Normal		149. Known by: Normal		150. Known as: Normal		151. Known to: Normal		152. Known by: Normal		153. Known as: Normal	
154. Known to: Normal		155. Known by: Normal		156. Known as: Normal		157. Known to: Normal		158. Known by: Normal		159. Known as: Normal		160. Known to: Normal		161. Known by: Normal		162. Known as: Normal	
163. Known to: Normal		164. Known by: Normal		165. Known as: Normal		166. Known to: Normal		167. Known by: Normal		168. Known as: Normal		169. Known to: Normal		170. Known by: Normal		171. Known as: Normal	
172. Known to: Normal		173. Known by: Normal		174. Known as: Normal		175. Known to: Normal		176. Known by: Normal		177. Known as: Normal		178. Known to: Normal		179. Known by: Normal		180. Known as: Normal	
181. Known to: Normal		182. Known by: Normal		183. Known as: Normal		184. Known to: Normal		185. Known by: Normal		186. Known as: Normal		187. Known to: Normal		188. Known by: Normal		189. Known as: Normal	
190. Known to: Normal		191. Known by: Normal		192. Known as: Normal		193. Known to: Normal		194. Known by: Normal		195. Known as: Normal		196. Known to: Normal		197. Known by: Normal		198. Known as: Normal	
199. Known to: Normal		200. Known by: Normal		201. Known as: Normal		202. Known to: Normal		203. Known by: Normal		204. Known as: Normal		205. Known to: Normal		206. Known by: Normal		207. Known as: Normal	
208. Known to: Normal		209. Known by: Normal		210. Known as: Normal		211. Known to: Normal		212. Known by: Normal		213. Known as: Normal		214. Known to: Normal		215. Known by: Normal		216. Known as: Normal	
217. Known to: Normal		218. Known by: Normal		219. Known as: Normal		220. Known to: Normal		221. Known by: Normal		222. Known as: Normal		223. Known to: Normal		224. Known by: Normal		225. Known as: Normal	
226. Known to: Normal		227. Known by: Normal		228. Known as: Normal		229. Known to: Normal		230. Known by: Normal		231. Known as: Normal		232. Known to: Normal		233. Known by: Normal		234. Known as: Normal	

NW 54756 DocId:32262166 Page 12



Use this space for continuation of summary or other data from the reverse side only.

**C. Appendectomy - 1939**

yes no no no

**REPORT OF BOARD OF REVIEW**  
(See Instruction 2)

This is a report of the results of the board of review of the medical record of the subject, and is to be filled out by the board of review.

1. The board of review of the medical record of the subject, and is to be filled out by the board of review.

2. The board of review of the medical record of the subject, and is to be filled out by the board of review.

3. The board of review of the medical record of the subject, and is to be filled out by the board of review.

4. The board of review of the medical record of the subject, and is to be filled out by the board of review.

5. The board of review of the medical record of the subject, and is to be filled out by the board of review.

6. The board of review of the medical record of the subject, and is to be filled out by the board of review.

7. The board of review of the medical record of the subject, and is to be filled out by the board of review.

8. The board of review of the medical record of the subject, and is to be filled out by the board of review.

9. The board of review of the medical record of the subject, and is to be filled out by the board of review.

10. The board of review of the medical record of the subject, and is to be filled out by the board of review.

Location	Typed Name	Grade	Signature
		M.C.	
Date	Typed Name	Grade	Signature
		M.C.	

**INSTRUCTIONS**

1. This report will be made out by all qualified personnel immediately preceding separation by discharge and release from active duty, unless discharged on a certificate of disability, or retirement by service.

2. If the discharge of the subject is under the provisions of the War Relocation Authority, the report will be filled out by a board of review of the subject's record, and is to be filled out by the board of review.

3. Report will be prepared by discharge from time provided by will be completed with an appropriate number. The report will be signed.



# DISPOSITION BOARD PROCEEDINGS FOR OFFICERS

1 NAME AND LOCATION OF HOSPITAL WHERE BOARD MET USAF, CAMP CHAFFEE, ARKANSAS		2 DATE OF MEETING 18 July 52	
3 LAST NAME-FIRST NAME-MIDDLE INITIAL HALL, LORAN E.		4 ARMY SERIAL NO. RA17224450	5 GRADE Cpl
6 UNIT ORGANIZATION (REGIMENT, SQUADRON, GROUP COMMAND) 505th MP Co		7 AGE IN YEARS 22	8 ARM OR SERVICE ARTY
9 DATE ADMITTED 10 Jul 52		10 TRANSFERRED FROM (FACILITY) Direct	
11 CIRCUMSTANCES UNDER WHICH ADMITTED TO HOSPITAL (CAUSE OF ADMISSION) Psychiatric evaluation		12 DATE ENTERED ON ACTIVE DUTY IN COMMISSIONED STATUS AND WHETHER LIMITED OR GENERAL SERVICE 30 June 1948	
13 MILITARY OCCUPATIONAL SPECIALTY (TITLE) None		14 CURRENT EFFECTIVE AERONAUTICAL RATING (IF ANY) None	15 ON FLYING STATUS PRIOR TO PRESENT PERIOD OF HOSPITALIZATION YES NO X
16 AFTER CAREFUL CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION THE BOARD FINDS THE OFFICER TO HAVE THE FOLLOWING DIAGNOSIS. (LIST DIAGNOSES BY NUMBER PREFIX.)			
1. Epilepsy, grand mal. NLD EPTE. Soldier is unfit for full or modified duty.			
Physical Profile 111114-D.			
Does not meet the minimum standard for continued service in the Army (see AR 600-10-10).			
17 DATE BECAME INCAPACITATED FOR MILITARY DUTY (ENTER ONE DATE) 10 Jul 52	18 APPROXIMATE DATE OF ONSET OF EACH INCAPACITY (ENTER EACH DATE) (1) 1946 (2) (3) (4)	19 IS CAUSE OF INCAPACITY INCIDENT TO SERVICE YES NO X	20 DIED WHILE ON ACTIVE DUTY YES NO X
21 DEGREE OF DISABILITY FOR MILITARY SERVICE (CHECK APPROPRIATE ITEMS) 21 TOTAL X 21 PARTIAL 21 PERMANENT X 21 TEMPORARY 21 NONE		22 TYPE OF SERVICE RECOMMENDED (CHECK ONE) 22 GENERAL 22 PERMANENT LIMITED 22 TEMPORARY LIMITED 22 NONE X	
23 STATE DISABILITY BRIEFLY IN NONTECHNICAL LANGUAGE Epileptic seizures - no treatment available.			
24 THE BOARD RECOMMENDS THAT: Individual be discharged from military service for the convenience of the government under provisions of SR 600-450-10.			
25 SIGNATURE OF BOARD MEMBER REQUIRED (PRESIDENT) HOWARD C. REID CAPT., MC		26 SIGNATURE OF BOARD MEMBER REQUIRED (RECORDER) PETER F. REGAN III 1ST LT., MC	
27 SIGNATURE OF THIRD MEMBER (NOT REQUIRED) JACK E. PRESSBERG 1ST LT., MC		28 DATE APPROVED JUL 22 1952	
29 POSITION VACANCY EXISTS YES NO		30 DATE APPROVED 24 July 1952	
31 CITE APPLICABLE WAR DEPARTMENT DIRECTIVE		32 SIGNATURE OF C. O. OR DEPUTY OF STATION BY COMMAND OF BRIGADIER GENERAL MITCHELL:	
33 SIGNATURE OF LIAISON OFFICER		34 NAME, GRADE, TITLE (TYPE) R. A. MURCHISON COLONEL, MC	
35 NAME AND GRADE OF LIAISON OFFICER (TYPE)		36 SIGNATURE OF LIAISON OFFICER CARL H. ABEL, Major AGC, AsstAG	
37 DATE DEPARTURE		38 REMARKS	

WD AGO FORM 8-118  
1 MAR 1945

Replaces WD AGO Form 8-118, 1 Oct 44,  
and 1 Feb 45, which may be used.

INSTRUCTIONS: Original and four copies to be prepared. Sign original only; Signature constitutes approval. Attach a brief Clinical Abstract on 8 x 10 1/2-inch white paper.  
\*If possible, indicate any known defects upon entry on duty on a commissioned status for which a waiver was granted.  
†Required only if Commanding Officer of Hospital is not authorized to issue orders.  
‡For Administrative purposes.

U. S. GOVERNMENT PRINTING OFFICE 16-43300-2



3rd Arm Div Ft Knox, Ky		ENLISTMENT RECORD REGULAR ARMY		SERIALIZED AND/OR INDEXED NOT ACCOMPLISHED AT RECRUITING STATION		DO NOT USE THIS COLUMN	
LAST NAME—FIRST NAME—MIDDLE NAME <b>NALL, LORAN EUGENE</b>		ARMY SERIAL No. <b>RA 17 224 450</b>		RACE (See Instruction 6.) <b>White</b>		1	
HOME ADDRESS (Number and street or rural route; if none, so state; city, town or post office; county and State.) (See Instruction 3.) <b>126 West 6th St., Newton (Harvey Co), Kansas</b>						2	
PLACE OF ENLISTMENT <b>Wichita, Kansas</b>		DATE OF ENLISTMENT <b>30 Jun 48</b>		ENLISTED IN THE GRADE OF <b>Pvt</b>		3	
FOR (If enlisted for less than 3 years, enter "REGULAR ARMY UNASSIGNED." If enlisted for 3 years, enter arm or service and/or major force elected as authorized by current regulations. If no election is made, enter "REGULAR ARMY UNASSIGNED.") (See Instructions 11 and 15.) <b>RA Unasgd</b>				LENGTH OF ENLISTMENT (Words and figures.) <b>Three (3)</b>		4	
FOR ASSIGNMENT IN (If enlisted for less than 3 years, leave this space blank. If enlisted for 3 years, enter overseas theater only as authorized by current regulations or (See Instructions 11 and 15.) <b>Europe or DA Regt 500-450-86</b>				SERVICE COMPLETED FOR LONGEVITY PAY <b>1 0 18</b>		5	
LAST ENLISTED SERVICE <input checked="" type="checkbox"/> REGULAR ARMY <input type="checkbox"/> RA RESERVE <input type="checkbox"/> FEDERAL NATIONAL GUARD <input type="checkbox"/> STATE NATIONAL GUARD <input type="checkbox"/> AUS ENLISTED <input type="checkbox"/> SS <input type="checkbox"/> ERC						6	
COMPANY, REGIMENT, ARM OR SERVICE, AND MAJOR FORCE <b>CO D 130th Trng Bn RTC</b>		DATE OF DISCHARGE <b>17 Apr 47</b>		IN THE GRADE OF <b>Pvt</b>		7	
If unmistakable evidence of prior Army enlisted service is presented, assign old serial number, otherwise assign new number from block allotted for Regular Army. See AR 616-30. Whenever old Army serial number is not reassigned, show old number under Item 18 under Declaration of Applicant.				MOTHER TONGUE <b>English</b>		8	
DECLARATION OF APPLICANT (See Instruction 7)							
1. DATE OF BIRTH <b>4 Jan 30</b>		2. PLACE OF BIRTH <b>Newton, Kansas</b>					9
3. RACE (See Instruction 6.) <b>White</b>		4. ARE YOU A CITIZEN OF THE UNITED STATES? (If a naturalized citizen, state how, when, and where naturalized.) <b>Yes</b>					10
5. NUMBER OF GRADES COMPLETED IN GRAMMAR SCHOOL <b>8</b>		6. NUMBER OF GRADES COMPLETED IN HIGH SCHOOL <b>3</b>		7. YEARS COMPLETED IN COLLEGE OR UNIVERSITY <b>0</b>			11
8. WHAT IS YOUR CIVILIAN TRADE OR OCCUPATION? <b>Truck Driver</b>				9. HOW LONG DID YOU WORK AT IT? <b>4 years</b>		10. WEEKLY WAGE <b>\$60.00</b>	12
11. WHAT SPECIAL MILITARY QUALIFICATION OR OCCUPATION HAVE YOU? (Example—Cook, company clerk, radio operator, supply sergeant, etc.) <b>None</b>				12. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER			13
13. IS ANYONE DEPENDENT ON YOU FOR SUPPORT? <b>No</b>		14. NUMBER AND RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT <b>None</b>					14
15. HAVE YOU EVER BEEN CONVICTED OF A FELONY? <b>No</b>		16. HAVE YOU EVER BEEN IMPRISONED UNDER SENTENCE OF A CIVIL COURT? (If so, when and where. Under Remarks give details.) <b>No</b>		17. HAVE YOU EVER BEEN DISCHARGED OTHER THAN HONORABLY FROM THE U. S. MIL. OR NAVAL SERVICE, THE MARINE CORPS, COAST GUARD, OR NAT. GUARD IN AN ACTIVE, INACTIVE, OR RESERVE STATUS? <b>No</b>			15
18. HAVE YOU EVER SERVED IN THE U. S. MILITARY OR NAVAL SERVICE, THE MARINE CORPS, COAST GUARD, OR NATIONAL GUARD IN AN ACTIVE, INACTIVE, OR RESERVE STATUS? (If so, give date, place, and cause of rejection.) <b>Yes—RA Enl Ft Knox Kan 17 Apr 47 to 17 Apr 47 AR 616-360 Conv of Govt Sec 1 Par 20-2 Clr 391Kans NG Fr 20 Sept 47 to 29 Jun 48</b>							16
19. HAVE YOU EVER PREVIOUSLY APPLIED FOR ENLISTMENT AND BEEN REJECTED? (If so, give date, place, and cause of rejection.) <b>No</b>							17
20. HAVE YOU EVER HAD SPELLS OF UNCONSCIOUSNESS OR FAINTING, EPILEPSY, CONVULSIONS OR FITS, ENCEPHALITIS, NERVOUS TROUBLE OF ANY SORT, HAY FEVER, SINUS TROUBLE, RUNNING EAR, EYE DISEASE OR INJURY, CHRONIC HEADACHES, MIGRAINE, TUBERCULOSIS, ASTHMA, FOOD OR POLLEN ALLERGY, DIABETES OR SUGAR IN URINE, BED WETTING, VENEREAL DISEASE, STOMACH OR DUODENAL ULCER, SCARLET FEVER, CHRONIC BACK PAIN, ARTHRITIS, RHEUMATISM, RHEUMATIC FEVER, HEART DISEASE, BROKEN BONES, DISLOCATED JOINTS, LOCKED KNEE? HAVE YOU OR ANY MEMBER OF YOUR FAMILY BEEN TREATED AT A HOSPITAL, ASYLUM OR SANITARIUM FOR A NERVOUS OR MENTAL CONDITION OR DISEASE? HAVE YOU EVER BEEN ADDICTED TO THE USE OF ALCOHOL, MARIJUANA, NARCOTIC OR HABIT-FORMING DRUGS? (If answer to any part of the foregoing is "Yes," give dates and ailments to which answer refers. Use additional plain sheet of paper for details, if necessary.) <b>Yes—Spine treatment—Ft Lewis, Washington—Feb 1947.</b>							18
21. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, ARE YOU NOW SOUND AND WELL? (If not, give details.) <b>Yes</b>							19
22. DO YOU KNOW THAT IF YOU ARE REJECTED BECAUSE OF ANY DISQUALIFICATIONS KNOWN TO YOU AND CONCEALED FROM THE ACCEPTING OFFICER, YOU WILL NOT BE FURNISHED WITH RETURN TRANSPORTATION TO THE PLACE OF ACCEPTANCE? <b>Yes</b>				23. DO YOU KNOW THAT IF YOU SECURE YOUR ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO YOUR QUALIFICATIONS FOR ENLISTMENT, YOU ARE LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT? <b>Yes</b>			20
I DECLARE THAT I AM NOT NOW A MEMBER OF THE ARMY (Officers' Reserve Corps, Regular Army Reserve and Enlisted Reserve Corps excepted) NAVY, MARINE CORPS, NATIONAL GUARD, OR COAST GUARD IN AN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS; THAT THE FOREGOING QUESTIONS AND MY ANSWERS THERETO HAVE BEEN READ TO ME; THAT MY ANSWERS HAVE BEEN CORRECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.							
GIVEN AT (Place of acceptance.) <b>Newton, Kansas</b>		KANSAS—MISSOURI RECRUITING DISTRICT			DATE OF ACCEPTANCE <b>28 Jun 48</b>		
SIGNATURE, GRADE, AND ORGANIZATION OF WITNESS (To be witnessed by recruiting officer.) <b>Robert G. Lavelle S/Sgt Inf, 5304 ASU</b>		SIGNATURE OF APPLICANT <b>Loran E. Nall</b>					
VERIFIED AT (See Instruction 7) <b>Wichita, Kansas</b>		BY (Signature of recruiting officer.) <b>George E. Munderf, M/Sgt</b>			GRADE AND ORGANIZATION OF RECRUITING OFFICER <b>1st Lt Inf</b>		
NAME AND GRADE OF CANVASSER <b>George E. Munderf, M/Sgt</b>		ENLISTED UNDER WD Pamphlet 12-16, 1947 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
REMARKS							



## OATH AND CERTIFICATE OF ENLISTMENT

STATE OF Kansas  
CITY, TOWN, OR MILITARY POST Wichita SS

I, Loran Eugene Hall  
(First name—Middle name—Last name)  
TO HAVE VOLUNTARILY ENLISTED THIS 30 DAY OF June, 1948, AS A SOLDIER IN THE REGULAR ARMY OF THE UNITED STATES OF AMERICA FOR THE  
PERIOD OF Three (3) years  
(Words and figures initialed by soldier) UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED

BY PROPER AUTHORITY; AND DO ALSO AGREE TO ACCEPT FROM THE UNITED STATES SUCH BOUNTY, PAY, RATIONS, AND CLOTHING AS ARE OR MAY BE ESTABLISHED BY LAW; AND I DO SOLEMNLY SWEAR (or Affirm) THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE UNITED STATES OF AMERICA; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER; AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES, AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO THE RULES AND ARTICLES OF WAR.

SIGNATURE: Loran E Hall  
(First name—Middle initial—Last name)

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS 30 DAY OF June, A. D., 1948. I FURTHER CERTIFY THAT THIS SOLDIER WAS MINUTELY INSPECTED BY ME PREVIOUS TO HIS SUBSCRIPTION TO THE OATH; THAT I FOUND HIM ENTIRELY SOBER AND IN FULL POSSESSION OF ALL HIS MENTAL FACULTIES; THAT TO THE BEST OF MY JUDGMENT AND BELIEF HE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING HIM INTO THE SERVICE OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS WHICH GOVERN THE RECRUITING SERVICE. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FILLED IN, WAS READ TO THE APPLICANT BEFORE HIS SUBSCRIPTION THERETO.

AUBREY J SHELTON, 1st Lt Inf, Summary Court  
(Typed name, grade, and organization of recruiting officer)

(Signature of recruiting officer)

- 1 Carefully compare with the name at top of page 1.
- 2 The dates in the oath and certificate must be the same.
- 3 The signature must be identical with that subscribed to Declaration of Applicant.

## NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

FULL NAME OF NEAREST RELATIVE (Other than wife or minor child.)

Mrs Marie Adella Hall

RELATIONSHIP

Mother

ADDRESS (Number and street or rural route—If none, so state; city, town, or post office; State or country.)

126½ West 6th St., Newton, Kansas

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Mrs Marie Adella Hall

RELATIONSHIP (If friend, so state.)

Mother

ADDRESS (Number and street or rural route—If none, so state; city, town, or post office; State or country.)

126½ West 6th St., Newton, Kansas

## DESIGNATION OF BENEFICIARY

THE PERSONS ELIGIBLE TO BE MY BENEFICIARY ARE DESIGNATED BELOW:

1. FULL NAME AND ADDRESS OF WIFE (If no wife, or if she is deceased or divorced, so state.)

None

2. FULL NAME AND ADDRESS OF EACH MINOR CHILD AND EACH DEPENDENT CHILD OVER 21 YEARS OF AGE (If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address.)

None

3. IN THE EVENT OF MY LEAVING NO WIDOW OR CHILD, OR THEIR DECEASE BEFORE PAYMENT IS MADE, I THEN DESIGNATE AS MY BENEFICIARY THE FOLLOWING RELATIVE (Give name, relationship and address.) (See Instruction 10.)

Marie Adella Hall, Mother, 126½ West 6th St., Newton, Kansas

4. IN THE EVENT OF THE DEATH OR DISQUALIFICATION OF THE LAST-NAMED DEPENDENT RELATIVE BEFORE PAYMENT IS MADE, I THEN DESIGNATE AS MY BENEFICIARY THE FOLLOWING RELATIVE (Give name, relationship, and address.) (See Instruction 10.)

Mr Jack F Hall, Father, 126½ West 6th St., Newton, Kansas

SIGNATURE OF ENLISTED MAN (First name—Middle initial—Last name)

WITNESSED AT

Wichita, Kansas

DATE

30 Jun 48

TYPED NAME, GRADE, AND ORGANIZATION OF WITNESS ATTESTING

AUBREY J SHELTON, 1st Lt Inf, Summary Court

SIGNATURE OF WITNESS



# PHYSICAL AND MENTAL EXAMINATION

LAST NAME—FIRST NAME—MIDDLE NAME <b>Hall Loran Eugene</b>		ARMY SERIAL No. <b>RA 17 224 450</b>	White	DATE OF ENLISTMENT <b>30 Jun 48</b>																																																								
1. MEDICAL HISTORY—THE MEDICAL OFFICER WILL ELABORATE UPON THE CONDITIONS LISTED IN ITEM CONCERNING PHYSICAL DEFECTS AND USE OF HABIT-FORMING DRUGS ON PAGE 1 AND UPON ANY OTHER KNOWN MEDICAL FACTS (If necessary, use additional sheet of paper.)																																																												
2. INTELLIGENCE STANDARDS																																																												
HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ENGLISH SPEAKING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	QUALIFICATION TEST (Form used) <b>R-5</b>	SCORE <b>117-II</b>	ILLITERATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																								
3. COMPLEXION <b>Ruddy</b>		17. TEETH (Indicate restorable carious teeth by O; nonrestorable carious teeth by I, missing natural teeth by X, teeth replaced by denture—horizontal line over X as XXX and teeth replaced by fixed bridge—oval to include abutments—as (4 X 6). <b>Class II</b> EXAMINEE'S																																																										
4. COLOR OF HAIR <b>Black</b>	5. COLOR OF EYES <b>Hazel</b>	<table border="0"> <tr> <td colspan="10">RIGHT</td> <td colspan="10">LEFT</td> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>10</td><td>9</td> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			RIGHT										LEFT										8	7	6	5	4	3	2	1	10	9	9	10	11	12	13	14	15	16																		
RIGHT										LEFT																																																		
8	7	6	5	4	3	2	1	10	9	9	10	11	12	13	14	15	16																																											
6. POSTURE <b>Good</b>	7. FRAME <b>Medium</b>	18. MOUTH AND GUM ABNORMALITIES <b>None</b>																																																										
8. HEIGHT (Inches) <b>71½</b>	9. WEIGHT (Pounds) <b>189</b>	19. CHEST (At nipples) INSPIRATION <b>40</b> INCHES; EXPIRATION <b>34</b> INCHES		20. MEASUREMENT OF ABDOMEN AT UMBILICUS <b>32</b> INCHES																																																								
10. VISION UNCORRECTED RIGHT EYE 20/ <b>20</b> LEFT EYE 20/ <b>20</b> CORRECTED RIGHT EYE 20/ LEFT EYE 20/		21. EYE ABNORMALITIES <b>None</b>		22. EAR, NOSE, AND THROAT ABNORMALITIES <b>None</b>																																																								
11. HEARING (Whispered voice) RIGHT EAR <b>18</b> ; LEFT EAR <b>16</b> /15		23. CARDIOVASCULAR SYSTEM <b>Normal</b>																																																										
12. PULSE SITTING <b>88</b> ; AFTER EXERCISE <b>120</b> 2 MINUTES AFTER EXERCISE <b>88</b>		24. LUNGS <b>Clear</b>																																																										
13. BLOOD PRESSURE SYSTOLIC <b>110</b> ; DIASTOLIC <b>80</b>		25. SKIN <b>Clear</b>		27. VARICOSE VEINS <b>None</b>																																																								
14. URINALYSIS SP. GR. <b>1.020</b> SUGAR <b>Neg</b> ALBUMIN <b>Neg</b> MICROSCOPIC 1		28. HERNIA <b>Enlarged Ring L &amp; R Side</b>		29. HEMORRHOIDS <b>None</b>																																																								
15. NEUROPSYCHIATRIC <b>Normal</b>		30. ABDOMINAL VISCERA <b>Normal</b>		31. GENITALIA <b>Normal</b>																																																								
16. ENDOCRINE DISTURBANCES <b>None</b>		32. MUSCULO-SKELETAL DEFECTS		33. FEET																																																								
34. RESULTS OF LABORATORY EXAMINATIONS, WHEN MADE			35. BLOOD SEROLOGY																																																									
36. REMARKS ON DEFECTS NOT SUFFICIENTLY DESCRIBED ABOVE (Use additional sheets if necessary.)			37. OTHER DATA																																																									
38. SUMMARY OF DEFECTS IN ORDER OF IMPORTANCE, IMPRESSION OF PHYSICAL FITNESS																																																												
39. I CERTIFY THAT I HAVE CAREFULLY EXAMINED THE APPLICANT AND HAVE CORRECTLY RECORDED THE RESULTS OF THE EXAMINATION; AND THAT, TO THE BEST OF MY JUDGMENT AND BELIEF: <input checked="" type="checkbox"/> A. HE IS MENTALLY AND PHYSICALLY QUALIFIED FOR SERVICE IN THE UNITED STATES ARMY IN A GENERAL SERVICE CAPACITY. <input type="checkbox"/> B. HE IS <input type="checkbox"/> PHYSICALLY <input type="checkbox"/> MENTALLY DISQUALIFIED FOR SERVICE IN THE UNITED STATES ARMY BY REASON OF:																																																												
PLACE <b>Wichita, Kansas</b>		SIGNATURE <b>Maurice M Tinterow</b>																																																										
DATE <b>29 Jun 48</b>	NAME (Typed or stamped) <b>MAURICE M TINTEROW</b>		GRADE <b>MD</b>																																																									

When indicated. Check blocks indicated.

Page 3 of WD AGO Form 21. 1 May 1946

## FINGERPRINTS—RIGHT HAND

(Fingerprint impressions will be made in this space in the case of every man enlisting and reenlisting in the Regular Army)

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE



REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Hall, Loren Eugene</b>				2. PLACE AND DATE OF EXAMINATION <b>Det C, 7779 Med Det, APO 172.</b>				
3. DATE OF BIRTH <b>4 Jan 1930</b>		4. AGE IN YEARS LAST BIRTHDAY <b>21</b>		5. IDENTIFICATION NO. <b>RA17224450</b>		6. PURPOSE OF EXAMINATION <b>Discharge &amp; Reenlistment</b>		
7. SERVICE, DEPARTMENT, OR AGENCY <b>US Army</b>			8. COMPONENT AND BRANCH <b>MPC</b>		9. ORGANIZATION <b>AP0 172</b>		10. GRADE, RATING, OR POSITION <b>521st MP Svc Plat Cpl</b>	
11. SEX <b>Male</b>		12. RACE <b>W</b>		13. HOME ADDRESS (Street, or RFD number, city, zone, State) <b>111 South East 7th, Newton, Kansas</b>				
14. PLACE OF BIRTH <b>Same as #13</b>				15. OTHER DATA SELECTIVE SERVICE NO. <b>None</b>				
16. RATING OR SPECIALTY <b>677</b>				(Time in this capacity) TOTAL <b>2 Yrs</b> LAST 6 MONTHS <b>677</b>				
17. MEASUREMENTS HEIGHT (Shoeless) <b>72</b> INS. WEIGHT (Stripped) <b>175</b> LBS.		18. BUILD (Including frame and figure) MEDIUM <input type="checkbox"/> SLENDER <input type="checkbox"/> HEAVY <input checked="" type="checkbox"/> OBESE <input type="checkbox"/>		19. TEMP. <b>98.2</b>		20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS N. S. A. <input type="checkbox"/> <b>See Par #42</b>		
21. LYMPH GLANDS AND LYMPHATICS N. S. A. <input checked="" type="checkbox"/>								
22. HEAD, FACE, AND NECK—N. S. A. <input checked="" type="checkbox"/>				23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. <input checked="" type="checkbox"/>				
24. EARS—A. CANALS, EXT. EARS—N. S. A. <input checked="" type="checkbox"/>		B. DRUMS—NO PERFORATION <input checked="" type="checkbox"/> N. S. A. <input checked="" type="checkbox"/>		C. HEARING (Whispered and spoken voice at 15 ft.) RIGHT WV <b>15</b> /15: SV <b>15</b> /15 LEFT WV <b>15</b> /15: SV <b>15</b> /15		D. AUDIOMETER DECIBELS LOSS RIGHT LEFT		
25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. <input checked="" type="checkbox"/> LEFT EYE—N. S. A. <input checked="" type="checkbox"/>		B. PUPILS—EQUAL <input checked="" type="checkbox"/> NORMAL TO ACCOMMODATION <input checked="" type="checkbox"/> TO LIGHT <input checked="" type="checkbox"/>		256		512		
C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. <input checked="" type="checkbox"/>		D. DISTANT VISION RIGHT 20/ <b>20</b> CORR. TO 20/ BY S. C. CX LEFT 20/ <b>20</b> CORR. TO 20/ BY S. C. CX		E. REFRACTION (Manifest) (Cycloplegic) STRIKE OUT ONE S. C. CX S. C. CX		F. NEAR VISION—(At 14 inches) <b>R-1</b> <b>Meyrowitz Test Chart</b> CORR. TO BY <b>L-1</b> CORR. TO BY		
G. COLOR VISION—N. S. A. <input checked="" type="checkbox"/> TEST USED <b>M-2 PIP</b>		H. HETEROPHORIA (Specify distance) <b>Cover Test (18 feet) Orthophoria</b>		ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE				
I. RED LENS—N. S. A. <input type="checkbox"/>		J. FIELD OF VISION—RIGHT—N. S. A. <input type="checkbox"/> LEFT—N. S. A. <input type="checkbox"/>		K. DEPTH PERCEPTION TEST USED SCORE				
L. OPHTHALMOSCOPIC—RIGHT—N. S. A. <input checked="" type="checkbox"/> LEFT—N. S. A. <input checked="" type="checkbox"/>		M. ACCOMMODATION—RIGHT LEFT		N. NIGHT VISION TEST USED SCORE				
28. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EX. TRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDGBA ABCDE ABOVE OR BELOW 54321 12345.				MALOCCLUSION—N. S. A. <input checked="" type="checkbox"/> PERIODONTOCALASIA—N. S. A. <input checked="" type="checkbox"/> GINGIVITIS—N. S. A. <input checked="" type="checkbox"/>				
UR <b>XX O X F O XX X X C F N F F O</b> 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8				REMARKS AND DISQUALIFYING DENTAL DEFECTS				
LR <b>X O F N N N N N N N N N X F N</b> 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8				CLASS: <b>II</b>				
27. PULSE RATE AND BLOOD PRESSURE (Arm at heart level)								
SITTING: PULSE <b>74</b>		B. P.: S. <b>110</b> D. <b>70</b>		RECUMBENT: PULSE <b>60</b>		B. P.: S. <b>118</b> D. <b>68</b>		
STANDING (3 min.): PULSE <b>80</b>		B. P.: S. <b>122</b> D. <b>82</b>		SITTING: PULSE AFTER EXERCISE <b>88</b>		: 2 MIN. AFTER <b>74</b>		
29. LUNGS—N. S. A. <input checked="" type="checkbox"/> CHEST—N. S. A. <input checked="" type="checkbox"/> (Include breasts for females)		29. CHEST—N. S. A. <input checked="" type="checkbox"/> NOT DONE <input type="checkbox"/> X-RAY		30. HEART—N. S. A. <input checked="" type="checkbox"/>		31. EKG—N. S. A. <input type="checkbox"/> NOT DONE <input checked="" type="checkbox"/>		
32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. <input checked="" type="checkbox"/>				B. VARICOSE VEINS—NONE <input checked="" type="checkbox"/>				



33. ABDOMEN AND VISCERA—N. S. A. ☐ A. LIVER—N. S. A. ☐ B. SPLEEN—N. S. A. ☒ C. MASSES—NONE ☒

See Par #42

34. HERNIA. (If present describe location, size, shape, reducibility) (Complete or incomplete)  
NONE ☒

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES  
N. S. A. ☒

36. VENEREAL DISEASE  
NONE ☒

37. ENDOCRINE SYSTEM  
N. S. A. ☒

38. G-U SYSTEM N. S. A. ☒ (Include prostate exam. if indicated) PELVIC—N. S. A. ☐ VAGINAL DONE ☐ OR RECTAL DONE ☐

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. ☒ B. FEET—N. S. A. ☒

C. GAIT—N. S. A. ☒

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.) B. PSYCHIATRIC AND PERSONALITY. (Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)

A. NEUROLOGICAL—N. S. A. ☒ B. PSYCHIATRIC—N. S. A. ☒ C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION (If answer to yes, explain and cite recommendations under Item No. 42)  
YES ☐ NO ☒

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Result)  Kahn-Negative	B. URINALYSIS		ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
	1.022		Neg	Neg	"A" International Rh factor Positive
	SP. GR.				D. OTHER LABORATORY EXAMINATIONS
	MICROSCOPIC				
	Negative				None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS  
Par #20. Scars Both eyebrows, left leg backside, chronic lichen right hand appendectomy 1939.  
Par #33. Slight enlargement of liver. Possible Hepatitis in 1948. Patient at Field Hospital Regensburg, Germany.  
No other significant history.

PHYSICAL PROFILE					
P	U	L	H	E	S
1	1	1	1	1	1
PHYSICAL CATEGORY (Check)					
A	B	C	E		
X					

REMARKS (If "Physical Category" is other than A, specify reasons for such classification)

43. FURTHER SPECIALIST'S EXAMINATION INDICATED ☐ YES ☒ NO. IF YES, SPECIFY  
EXAMINEE (IS) OR (IS NOT) (Strike out one) QUALIFIED FOR Active Duty  
TYPE OF QUALIFICATION General Service  
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN <i>Enrico D. Carrasco</i>	NAME TYPED OR PRINTED ENRICO D. CARRASCO, Major MC	
45. SIGNATURE OF PHYSICIAN <i>Donald R. Korst</i>	NAME TYPED OR PRINTED DONALD R. KORST, Capt MC	
46. SIGNATURE OF DENTIST OR PHYSICIAN (Indicate which) <i>Walter W. Tucker</i>	NAME TYPED OR PRINTED WALTER W. TUCKER, 1st Lt DC	
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED	DATE



REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL  
PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT

1. Last name—First name—Middle initial	2. Army Serial Number	3. Grade	4. Regiment, arm or service
HALL, LORAN E.	17224450	PVT	
5. Permanent mailing address	6. Color	7. Age in years	8. Sex
126 1/2 WEST 6th NEWTON, KANSAS		17	
		9. Syphilis Register	
		In S/R? Yes or No	
		Closed in S/R? Yes or No	
		No	

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. At the present time do you have any wound, injury or disease which is disabling? If answer is yes, list those conditions first under Item 11.	Yes or No			
11. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred and date of onset. Answer yes or no in Columns 1 to 4. (Continue on back if necessary.)	1 EPTS 2*	2 AMS 3*	3 IMS 4*	4 PD 5*
Denies history of malaria or syphilis				
A. Heart murmur 1944	yes	no	no	no
B. Back injury base of spine—1945—In Army Feb 47 Madigan GH, Wn.	no	no	yes	no
(over)				

RECORD OF PHYSICAL EXAMINATION

12. Teeth—Indicate restorable carious teeth by O, non-restorable carious teeth by /, missing natural teeth by X, teeth replaced by denture, horizontal line over X, as XXX and teeth replaced by fixed bridge, oval to include abutments, as (4 5 6)		13. Mouth and gum abnormalities	
class 111		none	
RIGHT EXAMINEE'S LEFT		14. Dental prosthesis: Serviceability	
O 8 O 4 3 X X		none	
16 15 X 13 12 11 10 9			
17. Veneal diseases			
15. Skin		none	
Right rectus scar 4"			
16. Genito-Urinary (And pelvic for women)			
normal			
18. Varicose veins			
none			
19. Hernia			
none			
21. Musculoskeletal defects			
none			
22. Feet			
normal			
23. Abdominal Wall and Viscera			
normal			
24. Cardiovascular system		28. Pulse	
Slight rough apical		Sitting	
systolic murmur		90	
		Immediately after exercise	
		Two minutes after exercise	
27. Lungs		29. Height (Shoeless)	
normal		70	
31. Neurological diagnosis		30. Weight (Stripped)	
normal		168	
		In. Lbs.	
34. Eye abnormalities		33. Endocrine system	
none		normal	
37. Ear, nose, throat, abnormalities		36. Urinalysis	
none		Sp. Gr.	
		Albumin	
		Sugar	
		Micro. 8*	
40. In your opinion will wound, injury or disease result in:		39. Blood serology result	
Disability? Yes or No		Kahn: negative	
Untimely death? Yes or No			
Condition: 11a		42. In your opinion does individual meet physical and mental standards for discharge?	
no		yes	
43. Remarks, special tests, or other defects (Continue on back)		If not, state why	
11a			
44. Date of examination		47. Signature	
8 Apr 47		C W HOCH	
45. Location			
Ft Lewis Wn			
46. Typed name and grade			
C W HOCH CAPT MC			

WD AGO FORM 38  
1 DEC 1944  
This form supersedes form WD AGO Form 38, 15 May 1944, which may be used until existing stocks are exhausted.

1\* Prior to arrival at separation center  
2\* Incurred or existed prior to entrance in military service  
3\* Aggravated by military service  
4\* Incurred while in military service. Sheet  
5\* Present physical defects. Sheet  
6\* When indicated. Sheet

INSTRUCTIONS:  
1. Send to The Adjutant General inclosed with S/R  
2. Work sheet  
3. Laboratory Reports form (WD AGO Form 38-1)



48. Use this space for a continuation of remarks or other defects from the reverse side only.

C. Appendectomy-1939

yes no no no



### REPORT OF BOARD OF REVIEW

(See Instruction 2)

From a careful consideration of the case and a critical examination of the enlisted person, we find that:

1. He meets physical and mental standards for discharge.
2. He meets physical and mental standards for discharge except as follows:
3. The defect, wound, injury, or disease is likely to result in untimely death.
4. The defect, wound, injury, or disease is likely to result in permanent disability.
5. In our opinion, the defect, wound, injury, or disease was incurred in line of duty in the military service of the United States.

Yes or No

Location	Typed name	Grade	Signature
		M. C.	
Date	Typed name	Grade	Signature
		M. C.	

#### INSTRUCTIONS:

1. This report will be made out for all enlisted personnel immediately preceding separation by discharge and release from active duty, unless discharged on a certificate of disability, or retirement for service.
2. If the declaration of the enlisted man under item ten (10) when yes only, and the certificate of the examining surgeon do not agree, the case will be referred to a board of review to consist of not less than two medical officers, convened in accordance with appropriate Army Regulations.
3. Report will be prepared in duplicate. Each item provided for will be completed with an appropriate notation. The original will be signed.



g: Obs For Epilepsy

Time 2025

CLINICAL RECORD BRIEF			A. HOSPITAL MAD GEN HOSP			1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, Loran E		
B. WARD S5 W22		C. RELIGION P	D. PREV. ADM. No	2. REGISTER NO 80 497	3. ARMY SERIAL NO. 17 224 450	4. GRADE Pvt		
E. NAME AND ADDRESS OF NEAREST RELATIVE (M) Marie Loran Hall 126 1/2 W 6th St Newton, Kan				5. ORGANIZATION AND ARM OR SERVICE (IF AAF PERSONNEL, SEE BELOW) (Unasgd) Co D 130 Tng Bn				
6. AGE 17		7. RACE W	8. LENGTH OF SERVICE 1/12		9. DATE OF ADMISSION 18 Feb 47			
F. DIS. D	INJ.	G/C	G. ADMITTING OFFICER JFM/cl/G	10. SOURCE OF ADMISSION Dir Cas Prop Sta Ft Lewis, Mn Init Adm Same 18 Feb 47				
*IF AAF, INDICATE PILOT, NON-PILOT FLYING PERSONNEL, GROUND PERSONNEL OR AVIATION CREW								
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS								

~~Undiagnosed disease - On~~ Syncope, cause undetermined

Yoo-yoo Disease of undetermined cause

9172-023 Lumbar puncture, 21 Feb 47, spinal fluid negative.

Specialized treatment KP  
Reconditioning Class III A

PROFILE SERIAL									
	P	U	L	H	E	S	X	R	D
LAST PROFILE SERIAL (IF KNOWN)									

12. BILL OF DUTY No, EPTS	13. DISPOSITION AND DATE AR 615-365	14. SIGNATURE OF WARD SURGEON L. F. Jenk, 1st Lt., MC
------------------------------	--	--



MADIGAN GENERAL HOSPITAL

Form 55 B  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised May 31, 1939)

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS  
PERSONAL HISTORY

Name WILLIAM J. LAMBERT Grade 1st Lt. Ward 22

Chief complaint: ① Passed-out 1941, 1943  
② Passed-out when in Army

General appearance and condition on admission:

slight shock lies (claims since admission  
apparently improved)

Occupation: Civilian: Truck driver

Tropical service:

none

Habits (alcohol, tobacco, drugs):

none

Family history:

M - 2 + m.  
F - 1 + m.  
S - 1 + m.

O.B. Denies any faints or convulsions

Previous personal history:

2nd yr. high school - And quite normal.  
Denies any previous illness

Injuries:

Foot spine - 1946 (March) hydraulic rammer  
hit him in back - no sequelae - in cast for  
about 1 wk.

Venereal disease:

Denies



### HISTORY OF THE PRESENT ILLNESS

Claims in 1941 when he got out of hospital for "~~some~~ fever" (Claims was in hosp. for about 2 wks. - had temp 102° and felt weak all over) - Claims he passed out - fainted while standing in the sun. No shaking - ok in few minutes. Later '41 passed out while standing for inspection while in "CHPC" - just fainted for 30 seconds. Claims was weak from not having eaten dinner.

Claims had headaches off and on sometimes in front of head & sometimes in back.

While in the Army in the "Day Room" getting up off a chair he hit his back against the arm of the chair and felt a pain go up back to head and felt in severe pain then passed out for few minutes. Was taken to hospital.



## PHYSICAL EXAMINATION

Name Hall, Loran E. Grade Pvt. Ward 22A

Height: Normal weight: Present weight:

Skin:

*Tattoo left forearm & arm  
RL & surgical scars.*

Head (including special senses, nose, mouth, throat, and pharynx):

No bumps or increased tenderness

Neck:

No increased stiffness, or enlarged glands or goiter

Thorax:

Symmetrical

Lungs:

Clear to auscultation and percussion

Vascular system (arterial and venous):

Normal

Blood pressure: Systolic

*115*

; diastolic

*70*

Heart:

*no enlargement  
no murmur  
no arrhythmia*

*22*

(OVER)



## PHYSICAL EXAMINATION

Abdomen:

Normal contour, no tumors or tenderness

Hernia:

None

Genito-urinary:

Normal to inspection

Anus and rectum:

Normal to inspection

Glandular system (lymphatic and endocrine):

Normal

Bones and joints:

Normal

Muscular system:

Normal

Nervous system:

Cranial nerves intact. No motor or sensory impairment.  
Reflexes bilaterally equal and normal. Station and gait  
normal.

Date \_\_\_\_\_, 19\_\_\_\_

Signature

*L. F. Jenk*

Name (typed) L. F. Jenk, 1st Lt., MC Grade \_\_\_\_\_



Form 55 D  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised May 31, 1939)

INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED  
LABORATORY TESTS, AND CONSULTATIONS

Name Hall, Doran E. Grade Pvt. Ward 22A

Transfer diagnosis:

Initial summary: Fainted in 1941 and 1943 and once while in the army.  
Neurological examination is negative.

Working diagnosis or impression: Syncope, cause undetermined

Contemplated laboratory tests and special examinations:



### FINAL SUMMARY

HALL, LORAN E.

PVT

22A/5 11 Mar 47

White male, age 17, with one month military service, entered the hospital relating that in 1941 after he had been in a hospital for fever, he had fainted while in a formation while standing in the sun. He denies any convulsions. Patient just passes out and comes to in a few minutes. Later that same year, while standing at inspection for the Civil Aeronautic Patrol, he just fainted. He believes that he was very weak from not having eaten dinner. While in the army in a dayroom he was getting up out of a chair, hit his back against the arm of the chair, felt a pain go up to his head and then just passed out. Patient was admitted to the hospital.

Neurological examination of patient is completely negative. Patient appears somewhat immature. Lumbar puncture, spinal fluid analysis, X-ray of skull, glucose tolerance curve, and other routine laboratory tests were completely normal.

We are unable to substantiate any diagnosis of epilepsy; however, it is felt that this patient should be separated from the service with the diagnosis of syncope, cause undetermined. Patient may be returned to civilian life essentially in the same condition as on entrance in the army. He will be discharged under provision of AR 615-365.

*L. F. Jenk*  
L. F. Jenk, 1st Lt., MC



## PROGRESS NOTES

Name \_\_\_\_\_ Grade \_\_\_\_\_ PVT. Ward \_\_\_\_\_ 221

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

20 Feb -47

Tonight while pt was at Red Cross he turned suddenly in his chair and struck his spine on the chair. This caused him severe pain & he could not get up. The pain radiated up to his head & down his legs. He was returned to his ward on a stretcher. On examination pt showed decreased flexion of his legs & thighs & some pain over sacral area. Reflexes & pain sense OK. Tenderness over both sacral iliac joints, sacrum and right iliac crest posteriorly. After short period pt was again able to move out of bed & walk & little discomfort.

R. McNight, 1st Lt. MC  
NLOD.

28 Feb 47: Patient has had no observed faints or convulsions while in the hospital. X-ray of skull, lumbar puncture and spinal fluid analysis, glucose tolerance curve, and other routine laboratory tests have all been negative.

L. F. Jenk

11 Mar 47: Interview with patient's mother yesterday reveals that patient has had no convulsions to her knowledge. Patient did have a faint while standing in a formation in a Civil Aeronautic Patrol. Patient's mother recalled no history of epilepsy in the family. It is felt that patient should be separated from the army with the impression of syncope, cause undetermined. We are unable to substantiate a diagnosis of epilepsy.

L. F. Jenk, 1st Lt., MC

(Use both sides of this sheet)



# RADIOLOGIC RECORD

Name Hall, Loran E. Grade Pvt. Ward 22

Film No. \_\_\_\_\_

NAME Hall, Loran E. GRADE Pvt. SERIAL No. 17224450 Pvt 2295  
 PART TO BE EXAMINED (OR TREATED) Chest X-Ray  
 CLINICAL DIAGNOSIS (INCLUDE OPERATIONS) Clearance  
 HOSPITAL M. G. H. DATE 12 March 47 SIGNATURE L. F. Dent, M. C.  
2181 2181 M

Heart & Lungs are negative

F. Y. LEAVER  
COL. MC

Film No. \_\_\_\_\_ Date 13 MAR 1947 \_\_\_\_\_, M. C.  
 10-42737-2 ★ GPO

WD AGO FORM 8-63 Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used. RADIOLOGIC REPORT

NAME HALL, LORAN E. GRADE Pvt SERIAL No. 17224450 AGE 17 WARD 22  
 PART TO BE EXAMINED (OR TREATED) X-RAY OF SKULL  
 CLINICAL DIAGNOSIS (INCLUDE OPERATIONS) Observation for Epilepsy  
 HOSPITAL Madigan Gen. Hosp. DATE 19 Jan 1947 SIGNATURE L. F. Dent Lt. M. C.  
2181 2181

Ap and lateral films of the skull show no bony pathology.

F. Y. LEAVER  
COL. MC

Film No. \_\_\_\_\_ Date 2/21/47 \_\_\_\_\_, M. C.

WD AGO FORM 8-63 Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used. RADIOLOGIC REPORT

10-42737-2 ★ GPO



## LABORATORY REPORTS

Name Hall, Loran E. Grade Pvt. Ward 234

[illegible]

Name HALL, LORAN E Serial No. 17224450 Rank Pvt  
Station Madigan Gen. Hosp. Ward 23/E  
Examination requested by 1st Lt. J. J. Smith, M. C.  
(Indicate examination requested by check (V) below)

### Carbohydrate given

Specimen	Time	Blood Sugar	Urinary Sugar
Fasting	0815	108	Negative
First	0845	clotted	
Second	0915	115	
Third	1015	100	
Fourth	1115	96	
Fifth			

Remarks

Lab.

Form 55 L-10  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942)

## CARBOHYDRATE TOLERANCE

Date 27 FEB 1947 M.C.  
10-16982-1 GPO

Form 55 L-2  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942)

**BLOOD (Chemistry)**  
☆ GPO 16-16983-1 Da

**Date**

9 Jun 42, which may be used.

**MEDICAL DEPARTMENT, U. S. ARMY**  
(Revised June 9, 1942)

## SPINAL FLUID

Date FEB 21 1947 M. C.  
16-10880-1

7 SEP 1944 O-O/ Form 56 L-1,  
23 December 1942, which may be used until  
existing stocks are exhausted.)

## URINALYSIS

Date \_\_\_\_\_  
★ GPO 16-10069-3



### CONSULTATION REQUEST AND REPORT

Name Hall, Leran E Grade prof. Ward 222/5

Date March 10, 1947

Consultation requested because of I. Q.

Provisional diagnosis Observation for Epilepsy

☒ Routine.  
☐ Emergency.

H. L. Lenn. Co.  
M. C.

Date \_\_\_\_\_, 19\_\_\_\_

Office, Chief of \_\_\_\_\_ Service.

To Chief of \_\_\_\_\_ Service.

Approved.  
Disapproved.

\_\_\_\_\_  
M. C.

Date \_\_\_\_\_, 19\_\_\_\_

Office, Chief of \_\_\_\_\_ Service.

To \_\_\_\_\_

For consultation.

\_\_\_\_\_  
M. C.

Date 10 March, 1947

#### Opinion of consultant:

The subject attained a Full Score of 111 on the "echsler-Bellevue intelligence test, giving him an I.Q. of 110 and placing him in the AVERAGE classification. The subject shows 11.3% mental deterioration, where the norm for his age group is 0%. His psychometric pattern is in general that of a psychopath: the performance score is greater than the verbal score; the sum of the object assembly and picture arrangement scores is greater than that of the block design and picture completion scores; the picture arrangement score is abnormally high; the digit symbol score is the lowest of the performance scores. Negative signs: great intertest variability; very poor performance on digits backwards in a person of otherwise average mentality. This last sign is usually indicative of some organic impairment.

William E. Kennick  
psychiatric social worker M. C.

(OVER)

16-18820



<b>DIAGNOSIS SLIP</b>	1. LAST NAME, FIRST NAME, MIDDLE INITIAL			*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED
	HALL, Loran E			
	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE*	
	80 497	17224 450	Pvt	
	5. ORGANIZATION AND ARM OR SERVICE			
(Unassigned) Co I 130 Tng Bn				
6. AGE	7. RACE	8. LENGTH OF SER	9. DATE OF ADMISSION*	
17	W	1/12	18 Feb 47	
10. SOURCE OF ADMISSION*				
Dir Cas Prop Sta Ft Lewis, Wn				
INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible.  A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured.				
11. DATE		12. WARD OFFICER		13. WARD NO.
18 Feb 47		L. F. Gent		221F
14. TYPE OF REPORT (Check one)				
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED <input type="checkbox"/> ADDITIONAL <input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input checked="" type="checkbox"/> GEN. HOSP.				
15. TYPE OF PATIENT (Check one)				
<input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input checked="" type="checkbox"/> GEN. HOSP.				
16. SPECIALTY (Check one)				
GENERAL MEDICINE		NEUROSURGERY		TROPICAL DISEASES
GEN & ORTH SURGERY		CLOSED WARD NP		OPHTHALMOLOGIC SURGERY
OPEN WARD NP		VASCULAR SURGERY		TRENCH FOOT
THORACIC SURGERY		TUBERCULOSIS		FEMALE
PLAST & MAX-FAC SUR		ARTHRITIS		PW OFFICER
DEAF		NEUROSYPHILIS		PW EM
BLIND		RHEUMATIC FEVER		
AMPUTEE		NEUROLOGY		
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY 90 DAYS				
<input type="checkbox"/> FULL DUTY <input type="checkbox"/> LIMITED DUTY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> CDD TO OWN CARE <input type="checkbox"/> TRANSFER TO VAF <input type="checkbox"/> TRANSFER TO OTHER HOSPITAL				
18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)				
HOSPITAL			DATE OF HOSPITALIZATION	
A.				
B.				
C.				







1. LAST NAME, FIRST NAME, MIDDLE INITIAL				DO NOT USE CODE BOXES		
Hall Loran E				A1	A2	A3
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	17224450	Pvt				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
Co D 130						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
17	W	1-12	20 Jan 47			
10. SOURCE OF ADMISSION				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
<p>20 Jan 47.</p> <p>Frontal &amp; maxillary</p> <p>pain. Sinusitis</p> <p>2, 7, 34, 51, 57</p> <p>Mundy.</p>				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1		
R						
S						
T						
U						
12. LINE OF DUTY				V1	V2	
13. DISPOSITION				W1	W2	
14. DATE OF DISPOSITION				W.D.A.G.O.		
15. DAYS LOST →				FORM NO. 8-24		
TOTAL	HOSPITAL	QUARTERS	1 July 1944			
16. NAME AND LOCATION OF REPORTING INSTALLATION						
17. SIGNATURE						
<p>(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)</p> <p>32 16-40804-1 ☆ GPO</p>						



1. LAST NAME, FIRST NAME, MIDDLE INITIAL				DO NOT USE CODE BOXES		
HALL Loran E				A1	A2	A3
2. REGISTER NO.		3. ARMY SERIAL NO.		4. GRADE		
80 497		17 224 450		Pvt		
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1		C2
(Unasgd) Co D 139th Tng Bn						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
17	W	1/12	18 Feb 47			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct Casual Proper Station Fort Lewis, Wash						
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
YOO&YOO 1. Disease, undiagnosed, manifested by syncope.				H		
				I		
				J		
				K		
				L		
				M		
				N		
21 Feb 47: (9172-023) Lumbar puncture, spinal fluid negative.				O		
Specialized Treatment: Gen Medicine				P		
Reconditioning Class: 3A				Q1 Q2		
				R		
12. LINE OF DUTY				S		
1-No EPTS				T		
13. DISPOSITION				U		
Duty, Limited service due to dg 1						
14. DATE OF DISPOSITION 9 Apr 47						
15. DAYS LOST →		TOTAL	HOSPITAL	QUARTERS		
		50	50			
16. NAME AND LOCATION OF REPORTING INSTALLATION				V1 V2		
Madigan General Hospital, Tacoma, Wash.				W1 W2		
17. SIGNATURE				W.D.A.G.O. FORM NO. 8-24 1 July 1944		
C. R. GILLINGHAM, Major, MAC <i>CRG</i>						
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-40864-1 ★ GPO		



DENTAL CLINIC, DC-1 (B)

Lewis, Washington

(1) SURNAME

(2) CHRISTIAN NAME

Hall Loran E ASN 17224450

(3) RANK

**(4) COMPANY**

(5) REGIMENT OR STAFF CORPS

Pvt

D 130

RT Bn

(B) AGE, YEARS

(7) RACE

**(8) NATIVITY**

(9) SERVICE, YEARS

17



1/12

10 Feb 47

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND NATURE OF TREATMENTS  
AND OPERATIONS  
1947

## (12) RESULTS AND REMARKS

THOMAS R. HADDOCK

Major, Dental Corps *Dental Corps, U.S. A.*

W. D., A. G. O. Form No. 8-116  
(Old W. D., M. D. Form No. 79,  
which may continue in use)  
31 May 1944

34



# \*REPORT OF DENTAL SURVEY

## UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X															X

## LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X															X

CLASS II

Occlusion \_\_\_\_\_: Calculus: Slight, Medium, Heavy

Periodontoclasia \_\_\_\_\_

Dental foci suspected: Yes No

Other conditions \_\_\_\_\_

*beat 1-1 only*  
 Date 2-10-47 19\_\_

THOMAS R. HADDOCK

Dental Corps, U. S. A.

Major, Dental Corps

\*Restorable carious teeth by O

Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by denture  
 (horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge  
 (oval to include abutments)

O	X	O
---	---	---

35



25 May 1945  
MAGH 251  
(revised 26 Nov 46)

9952 TSU-SCG  
MEDICAL GENERAL HOSPITAL  
Tacoma, Washington

Ward 22A/5

Date 11 Mar 47

Hosp. Reg. No. 80 497

AR 615-365

Request for ~~XXX~~ Proceeding For:

1. Name	2. A. B. N.	3. Grade	4. Organization, and Arm or Branch
HALL, LORAN E.	17 224 450	Pvt	Ft. Lewis, Wa (Unassigned) Co D 139 Inf Bn
5. Color	7. Diagnosis		
W	Syncope, cause undetermined		
6. Date of admission	Date of: Previous hospitalization at: Date of:		
18 Feb 47	Date of: Previous hospitalization at: Date of:		
Previous hospitalization at:	Date of: Previous hospitalization at: Date of:		
Previous hospitalization at:	Date of: Previous hospitalization at: Date of:		
Note: Use back to recommend further Veterans or home care	L. F. Jark, 1st Lt., MC Name or stamp of Ward Officer		

36



NSC FORM NO. 25 22 Sep 1944 <b>HOSPITAL STATUS</b>			HOSPITAL <b>MADIGAN G H</b>	
			NAME <b>HALL, Loran E</b>	
			RANK <b>Pvt</b>	
DATE	REGISTER NUMBER	STATUS	ARMY SERIAL NUMBER	ORGANIZATION
<b>9th Apr 47</b>	<b>80 497</b>	<b>Duty</b>	<b>17 224 450</b>	<b>Det of Pnts</b>
TO: THE COMMANDING OFFICER (THRU THE SURGEON) IN COMPLIANCE WITH PAR 7C(3), AR 40-590, REPORT THE ABOVE NAMED MEMBER OF YOUR ORGANIZATION HAS BEEN <input type="checkbox"/> ADMITTED TO THIS HOSPITAL <input type="checkbox"/> DISCHARGED FROM THIS HOSPITAL				
DATE ADMITTED		DATE RETURNING TO DUTY		LINE OF DUTY
<b>18 Feb 47</b>		<b>9th Apr 47</b>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EPTS
<input type="checkbox"/> INJURY	<input type="checkbox"/> IS/WAS	THE RESULT OF PATIENT'S OWN MISCONDUCT		<input type="checkbox"/> AW 107
<input checked="" type="checkbox"/> DISEASE	<input checked="" type="checkbox"/> IS/WAS NOT			<input type="checkbox"/> AR 35-1440
IS FURTHER TREATMENT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO				
REMARKS			FOR THE COMMANDING OFFICER:	
<b>S5 W22</b> <b>S0#76P3</b>			<b>C R GILLINGHAM MAJOR MAC</b> SIGNATURE	
			<b>REGISTRAR</b> TITLE	

37

2402—Presidio of SF (LGH) 7-23-45—100M



CLINICAL RECORD BRIEF				b. HOSPITAL 250th Med Sta Hosp		1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, Loran E					
b. WARD 3		c. RELIGION Cath		d. PREV. ADM. no		2. REGISTER NO. 17 287		3. ARMY SERIAL NO. 17 224 450		4. GRADE Rct	
e. NAME AND ADDRESS OF NEAREST RELATIVE Mother: Marie 126 1/2 West Sixth Newton, Kansas						5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* INF, Hq Trp 6th Const Regt					
6. AGE 18		7. RACE W		8. LENGTH OF SERVICE 1 8/12		9. DATE OF ADMISSION 26 Nov 48 1200					
f. DIS.		INJ.		B. C.		g. ADMITTING OFFICER CLJ					
						10. SOURCE OF ADMISSION Disp 6th Const					

\* If AAF, indicate pilot, non-pilot flying personnel, ground personnel or aviation cadet.

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

Adm Diag: Hepatitis, obs for

*Gastroenteritis, acute, moderate, c/u.*

*Condition: Cured*

PROFILE				SERIAL					
	P	U	L	H	E	S	X	R	D
LAST (if known)									
PRESENT									
12. LINE OF DUTY  <i>Yes.</i>				13. DISPOSITION AND DATE  <i>To duty 14 Dec 48</i>			14. SIGNATURE OF WARD SURGEON  <i>SC Wattner Capt MC.</i>		



CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS  
PERSONAL HISTORY

Name *Loran E. Hall* Grade *Pvt* Ward *3*

Chief complaint:

*Weakness, malaise & anorexia - 10-14 days.*

*Mild diarrhea & blood streaked stools - 4 days.*

General appearance and condition on admission:

*Wd, w n, w 18 yr old ♂ in no acute distress.  
Alert & co-operative.*

Occupation:

*Driver*

Tropical service:

*None*

Habits (alcohol, tobacco, drugs):

*5-6 beers daily, 1 pack, none*

Family history:

*M. } aro.  
F. }*

*No CA, diabetes, tbc, heart trouble or allergy.*

Previous personal history:

*Appendectomy 1940*

*No serious diseases*

Injuries:

*Back injury - Feb. '47 - hit & Hewitzer - no fracture.*

*Baseball bat hit back of left ear - unconscious 2 hrs. 78 hr. amnesia.*

Venereal disease:



# HISTORY OF THE PRESENT ILLNESS

For past 10-14 days patient has had anorexia, malaise, weakness, nausea & vomiting - progress worse. Vomited every 2 days. - food is greenish color & some ? blood (light red) streaks. Vomited 3x yesterday - same today. Vomits almost immediately upon eating.

Bowels normal until past 3-4 days - 2 soft movements now, brown & reddish streaks of ? blood, no mucus. Pain high in rectum & B.M's. Also had lower abdominal intermittent cramps for past few days. No jaundice or light stools. Has no dysuria, nocturia, hematuria or frequency. Urine yellow.

No recent colds, no cough or sore throat. No hemoptysis.

No ear or nose trouble.

Has had headache, generalized top & front & in neck, throbbing.



### PHYSICAL EXAMINATION

Name Hall, Loran E. Grade Ret. Ward 3

Height:

Normal weight:

Present weight:

Skin: Dry scaly skin over dorsum of left ankle & more marked on right - from old burn. No icterus

Head (including special senses, nose, mouth, throat, and pharynx):

Eyes - pupils RR & E. No icterus of sclera

Ears & nose - neg

Throat: 1+ congested

Neck:

No masses or stiffness

Thorax:

Symmetrical

Lungs:

Clear to T & P.

Vascular system (arterial and venous):

No varicose veins

Good quality pulses

Blood pressure: Systolic 125; diastolic 70

Heart:

Not enlarged, regular, tones good, no murmurs.



## PHYSICAL EXAMINATION

Abdomen:

Rt Q scar. Liver edge barely palpable <sup>5-7 inq.</sup> & 1-2+ tender.  
No other masses or tenderness.

Hernia:

None

Genito-urinary:

No penile lesions or discharge.

Anus and rectum:

Neg externally.

Glandular system (lymphatic and endocrine):

No adenopathy

Bones and joints:

Normal

Muscular system:

Well developed

Nervous system:

No Romberg  
Reflexes physiologic

Date 26 Nov., 1948

Signature

S. C. Wittmer  
Capt CMC

Name (typed)

Grade



PROGRESS NOTES

Name Hale, James E. Grade Act. Ward 3

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

27 Nov. Clinically patient seems to have a gastritis altho' he should be checked for a hepatitis. Blood work done today. sew

29 Nov. Gastric analysis this A.M. Secretion indig 3 & no Vandenberg. Sed rate 3 mm. Blood count normal. Appetite picking up — feels better. sew Trace of urobilinogen in urine.

30 Nov. No free HCl in gastric secretions. Fairly normal curve & alcohol. Clinically improved sew

4 Dec. Capt. Babbitt was not sure of results of G.I. series so it is to be repeated. He is to be left off medication. He is feeling fairly well and complains only of lower abdominal distress at intervals. Benjamin

7 Dec. Asymptomatic — ate breakfast so G.I. series not possible. Will check & X-ray for new tumor. sew

10 Dec '48 Repeated G.I. series. If this is OK will discharge soon — sew

13 Dec '48 G.I. series normal. Discharge. sew



# TREATMENT

Name Hall, Loran E. Grade Pvt. Ward 3

1948

- 26 Nov. ✓ 1.) Routine lab. work in a.m.  
✓ 2.) Chest - plate routine -  
✓ 3.) Icteric index + Vandenberg  
✓ 4.) Urine urobilinogen & bile  
✓ 5.) Draw blood for influenza serum  
6.) Low fat diet  
✓ 7.) Sedimentation rate  
✓ 8.) Multivitamin tab i TID  
✓ 9.) Stool exam daily for blood and ova.  
10.) Lanolin to anulus BID.

SC Wittmer Capt MC.

27 Nov. Lig + semi-soft diet such as jello, junket.  
Phenobarb + belladonna cop i AC Capt Wittmer (J.F.D.)  
Gastric analysis Mon AM.

30 Nov. Chyle lab concerning intestinal index  
Soft diet

Sedimentation

1 Dec. Repeat urine for urobilinogen today  
Plus phenobarb + belladonna Sedimentation  
Daily stools for undigested foods & blood. x3

2 Dec. ✓ Stool for ova & parasites x2  
+

4 Dec. ✓ G.I. series 7 a.m.

6 Dec. Repeat G.I. series tomorrow  
Saw

8 Dec. ✓ G.I. series in AM - no breakfast  
Saw



**Form 55 H-1**  
**MEDICAL DEPARTMENT, U. S. ARMY**  
**(Revised May 31, 1939)**

**TEMPERATURE—TREATMENT—NURSE'S NOTES**

Name Hall, Loran E Grade Act Ward 3

[illegible]

(Over)



TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Hall, Loran E. Grade Pvt. Ward 3

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
1948									
26 Nov	97	80	20	98	84	18		16 00	achn. anal. @ 1200 a. Room 209 Dx: Obs. for Hepatitis Pt. complains of nausea & vomiting, also diarrhea. - Rx: Routine lab. works in a.m. & Crest & Ray Multi-Vit T.T. tid Laudin to ankle bid Sernal griss hr Multivite tabi Tid.
27 Nov	98	68	20	98	72	18		16 00	Phenobarb & belladonna cap & Tides Gastric Analysis Mon am
28 Nov	97	68	18	98	72	18		16 00	Hold breakfast in a.m. for Gastric analysis - Phenobarb. & Belladonna caps & T.T. tid ac. - Vitamin therapy Laudin to ankle bid.
29 Nov	97	70	18	98	76	18		16 00	Same care. Gastric wash done this a.m. Stool spec. not obtained yet. -
30 Nov	97	70	18	98	80	20		16 00	Pt. out of Hepatitis Isolation. Continues to complain of pains in stomach but no nausea or vomiting. - Med. cont'd. Soft diet on ward.
1 Dec	96	64	18	98	86	20		16 00	Same care. -

(Over)

46



RADIOLOGIC RECORD

Name Hall, Loren E. Grade Ret. Ward 3

Film No. \_\_\_\_\_


NAME <u>Hall, Loren E.</u>	GRADE <u>Ret.</u>	SERIAL No.	AGE <u>18</u>	WARD <u>3</u>
PART TO BE EXAMINED (OR TREATED) <u>A. I. Series</u>				
CLINICAL DIAGNOSIS (INCLUDE OPERATIONS) <u>U.S. Hospital</u>				
HOSPITAL <u>250th</u>	DATE <u>7 Dec 48</u>	SIGNATURE <u>Capt. Wilton M. C.</u>		

The esophagus, stomach and duodenum are normal.

Film No. <u>7590</u>	Date <u>11 Dec 48</u>	D.P. Babbitt, Capt. M.C.	
WD AGO FORM 8-63 1 DEC 1944	Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used.	RADIOLOGIC REPORT	<u>209</u> 2 ★ GPO 7-50 M-12655

Film No. <u>7590</u>	Date <u>4 Dec 48</u>	D.P. Babbitt, Capt. M.C.	
WD AGO FORM 8-63 1 DEC 1944	Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used.	RADIOLOGIC REPORT	16-42737-2 ★ GPO

WD AGO FORM 8-63 1 DEC 1944	Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used.	RADIOLOGIC REPORT	★ GPO 7-50 M-12655
--------------------------------	---	-------------------	-----------------------



LABORATORY REPORTS

Name Hall, Loran Grade Ret. Ward 3


Name Hall, Loran E Serial No. \_\_\_\_\_ Rank Ret  
Station 250 Station Hospital Ward 3  
Examination requested by Capt. Witter M. C.  
(Indicate examination requested by check (V) below)

Character \_\_\_\_\_  
Color \_\_\_\_\_ Reaction \_\_\_\_\_  
Occult blood RPS 1+ Bile \_\_\_\_\_  
Mucus \_\_\_\_\_ Pus \_\_\_\_\_  
Fat \_\_\_\_\_ Undigested food a few parts  
Parasites or ova no parasites or ova

Remarks: DEC 1 - 1948  
Lab. \_\_\_\_\_

Form 55 L-9  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942) 203 FECES Date 3 Dec 1948 M. C.  
GPO 16-16972-1

MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942) 203 FECES Date 2 Dec 1948 M. C.  
GPO 16-16972-1  
3-12193

Form 55 L-9  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942) 203 FECES Date 1 Dec 1948 M. C.  
GPO 16-16972-1

Form 55 L-2  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942) BLOOD (Chemistry) Date \_\_\_\_\_  
GPO 16-16983-1

Form 55 L-2  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942) BLOOD (Chemistry) Date \_\_\_\_\_  
GPO 16-16983-1

Form 55 L-8  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942) GASTRIC ANALYSIS Date 29 Nov 1948 M. C.  
16-16974-1 GPO

(Old W.D. M.D. Form No. 55L-8  
9 June 1942) URINALYSIS Date \_\_\_\_\_  
GPO 16-16969-3  
3-12193

(Old W. D., M. D. Form No. 55L-8  
9 June 1942) 209 FECES Date \_\_\_\_\_  
GPO 16-16972-8  
16-33304-1 GPO  
AGL(812-48-1000M-42204-3137)

(Revised June 9, 1942) 209

WD-AGO Form 8-577 Date 27 Nov 48 MC.

BLOOD 209



## OPERATION REPORT

Name Hall, Loran Grade Rct. Ward 3

Date 14 Dec., 1948 Age 18

Reg.-No: 17287

Postoperative diagnosis:

Pigmented naevi, upper lip.

Operation: Excision of naevi

Remarks: After preparation of the operative site the areas surrounding the naevi were infiltrated with 1 % procaine. The naevi were excised using longitudinal elliptical incision. The hemorrhage was controlled by pressure and the skin sutured (No 4 silk).

Operation begun 1445 Ended 1510

Operator Capt. Babbitt

Assistants Capt. Henderson

Anesthesia used 1 % Procaine Amount 7 cc.

Anesthetist Operator

Specimens forwarded to laboratory for examination:

Naevi X 2

(OVER)

D.B. Babbitt, Capt.

M. G.



HEADQUARTERS  
250th MEDICAL STATION HOSPITAL  
REGENSBURG MILITARY POST  
APO 225 US ARMY

14 Dec 48  
(Date)

SUBJECT: Hospital Clearance

TO : Hall Loran E. Rct.

1. You are requested to have the following form initialed by those indicated and upon completion, this form will be turned in to the Registrar.

2. Until this form is completed you will not be discharged from this hospital.

	<u>NAME</u>	<u>INITIALS</u>
WARD OFFICER	Capt Wittenberg	S. K.
<del>MESS OFFICER</del>		
LIBRARY	Gibba Thiller	GR
SPECIAL SERVICE	W. Hassig Capt. W.C.	
REGISTRAR	Lacy C Harris CWO	S.C.H.



CLINICAL RECORD BRIEF				a. HOSPITAL <b>385th Sta Hospital</b>				1. LAST NAME, FIRST NAME, MIDDLE INITIAL <b>HALL, LORAN E</b>			
b. WARD <b>S-2</b>		c. RELIGION <b>C</b>		d. PREV. ADM. <b>No</b>		2. REGISTER NO. <b>35714</b>		ARMY SERIAL NO. <b>17 224 450</b>		4. GRADE <b>Pvt</b>	
e. NAME AND ADDRESS OF NEAREST RELATIVE <b>M:Marie Hall 126½ West 6 St. Newton, Kansas</b>						5. ORGANIZATION (If AAF personnel, see below) <b>97 Const Signal Sqd, APO 154 (b)</b>					
f. DIS.		inj.		B/C		g. ADMITTING OFFICER <b>FB/mf</b>		6. AGE <b>20</b>		7. RACE <b>W</b>	
								8. LENGTH OF SERVICE <b>1-8/12</b>		9. ADMISSION <b>16 Sept 48</b>	
Direct Casual proper station <b>97 Const Sig Sqd, Stuttgart, (b)</b>											

\* If AAF, indicate pilot, non-pilot, flying personnel, ground personnel or aviation cadet.

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS  
(a) DS: 7713 SIGCOM Sig School, Ansbach, Germany, APO 696  
(b) Germany

Wound, contused, back, lumbo-sacral region,  
acute, mild.

a.i. at about 1430 hours on 16 September 1948  
at the kaserne at Ansbach, Germany, when patient  
while on duty was playing in an authorized foot-  
ball game when he fell upon another players knee.

PROFILE				SERIAL						
	P	U		L	H	E	S	X	R	D
LAST (If known)										
PRESENT										
12. LINE OF DUTY  <b>yes</b>				13. DISPOSITION AND DATE  <b>duty gen.serv.</b>			14. SIGNATURE OF WARD SURGEON  <i>Herbert Munhall Capt MC</i> <b>HERBERT MUNHALL CAPT.MC.</b>			



# TEMPERATURE—TREATMENT—NURSE'S NOTES

Hall, Laron E.

Rct

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
1948									
2 Dec.	98	70	18						Treatment & Medications cont.
									Still has epigastric distress
3 Dec.	98	72	18						I.L. series This am.
									Medications & treatment cont.
4 Dec 49	97	76	18						Daily treatment cont.
				97 1/2	72	18	16	00	
5 Dec	97	70	18	97 1/2	72	18	16	00	Same care as Rx.
									COMPLAINING OF EPIGASTRIC
									DISCOMFORT - PAIN
									GONE BY 2100 WHEN
									SEEN BY M.O.D.
6 Dec	97	66	18						I.L. series in a.m. (7 Dec).
				98	76	18	16	00	Medications cont.
7 Dec	97	70	18						I.L. series commenced
									Pt. ate breakfast.
									med. & routine care
									cont'd.
8 Dec	97 1/2	68	18						Routine care & Meds cont.
									States he feels about the same.
9 Dec	97	70	18						I.L. series in a.m.
									holding p.o. after
10 Dec									midnight. -
10 Dec	96 1/2	68	18						I.L. series This am
									To have excision of maxilla
									on upper lip on Tues.



ABBREVIATED CLINICAL RECORD

1385th Station Hospital  
APO 696, Nurnberg, Germany

Name Hall, Loren Grade Pvt Ward 5

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

Pt. was playing football at approx 1430 this afternoon & jumped back to catch the ball & fell across another player's knee. Was said to have been unconscious for several hours. Conscious on arriving here.

Complete physical examination is negative except for the following:

marked tenderness over lumbar spine and adjacent muscles.

X-ray shows no fracture

Impression: Lumbo Sacral Strain

Progress:

admit to S2

W. B. B. B.

17 Sept 48

Asymptomatic

Discharge

H. M. Hall Capt MC



**TEMPERATURE—TREATMENT—NURSE'S NOTES**

[illegible]

## LABORATORY REPORTS

(Paste third report here and succeeding ones on above lines).

(Paste second report with top at this line)

(Paste first report with top at this line)



**TEMPERATURE—TREATMENT—NURSE'S NOTES**

Grade

Ward 5-2

[illegible]



1. LAST NAME, FIRST NAME, MIDDLE INITIAL				DO NOT USE CODE BOXES		
HALL, LORAN E.				A1	A2	A3
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE		B1	B2	B3
35714	17 224 450	Pvt				
5. (ORGANIZATION) AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
97th Const Sig Sqd (a)						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	1-8/12	16 Sept 48			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct-casual						
proper station, 7718 EUCOM (b)						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
(a) DS: 7718 EUCOM Sig School				H		
(b) Sig School, Ansbach, Germany				I		
Wound, contused, back, lumbo-sacral region, acute, mild.				J		
A. i. at about 1430 hours on 16 Sept 1948, at the Kaserne in Ansbach, Germany, when patient while on duty was playing in an authorized football game when he fell upon another players knee.				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
				T		
				U		
				V1	V2	
				W1	W2	
12. LINE OF DUTY Yes				W.D.A.G.O. FORM NO. 8-24 1 July 1944		
13. DISPOSITION Duty, general service						
14. DATE OF DISPOSITION 18 September 1948						
15. DAYS LOST → TOTAL HOSPITAL QUARTERS						
2 2						
16. NAME AND LOCATION OF REPORTING INSTALLATION						
385th Central Postal Directory Hospital						
APO 600, Hamburg, Germany						
17. SIGNATURE						
FRITZ BLUHM, Capt, MSC, registrar						

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 56 16-40864-1 ☆ GPO



1. LAST NAME, FIRST NAME, MIDDLE INITIAL				DO NOT USE CODE BOXES			
HALL, LORAN E				A1	A2	A3	
2. REGISTER NO.		3. ARMY SERIAL NO.		4. GRADE			
		17224450		Pvt			
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*							
ANSBACH SIG SERO BDA							
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION				
20	W	1 1/2	16 Sept 48				
10. SOURCE OF ADMISSION							
DIRECT - 1730 hrs							
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet							
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS							
<p>20 Days</p> <p>Pt. fell while playing football the afternoon about 1430. Struck his back across another man's knee. Was said to be unconscious. Pt. came upon admission. Only physical finding is marked tenderness over lumbar spine. No fracture. Back injury, possible fracture. X-ray - no fracture. Injury: Lumbosacral Strain.</p>						F	
						G	
						H	
						I	
						J	
						K	
						L	
						M	
						N	
						O	
						P	
						Q1	Q2
						R	
						S	
						T	
						U	
						V1	V2
W1	W2						
12. LINE OF DUTY							
13. DISPOSITION							
14. DATE OF DISPOSITION							
15. DAYS LOST →		TOTAL	HOSPITAL	QUARTERS			
16. NAME AND LOCATION OF REPORTING INSTALLATION							
17. SIGNATURE							



# Outpatient

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL, LOAN. E.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	AR. 17224450	PVT				
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)*				C1	C2	
97th Const. Sq. 154						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	20 mos.				
10. SOURCE OF ADMISSION				E1	E2	E3

\*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet  
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

16 Sept 48  
Injured playing football. ? Fractured  
lumbar vertebra. Adm. to 385  
Gen. Hosp.  
known

18 Sept 48  
By gen ev -

21 Sept 48  
Backache, day. re. APC.  
Heat.  
known

22 Sept 48  
Backache continues. re. Heat.  
known

23 Sept 48  
Dental exam. huds bridge work.  
Reg. to Gen. D.C.  
known

12. LINE OF DUTY				F	
13. DISPOSITION				G	
14. DATE OF DISPOSITION				H	
15. DAYS LOST - TOTAL				I	
HOSPITAL				J	
QUARTERS				K	
16. NAME AND LOCATION OF REPORTING INSTALLATION				L	
17. SIGNATURE				M	
255 Med Detachment				N	
7713 EUCOM Sig School				O	
APO 696 US-Army				P	
				Q1	Q2
				R	
				S	
				T	
				U	
				V1	V2
				W1	W2
				W.D.A.G.O. FORM NO. 8-24 1 July 1944	

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 16-40864-1 ☆ GPO



27 Sept 48

Acornishens and sundrying signatored  
pach on both feet. Kk. gine ob-  
ide out ment.

hmm

11 Oct 48

Fine impression. Lnt. gine obide  
out ment.

hmm



# OUT-PATIENT INDEX REPORTS CONTROL SYMBOL MCS 67

1. LAST NAME, FIRST NAME, MIDDLE INITIAL <b>HALL, LOAN E.</b>				
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE		
	<b>17224450</b>	<b>PcT</b>		
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* <b>INF. Hq 6 Con Reg T</b>				
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	
<b>18</b>	<b>W</b>	<b>1</b>	<b>8/12 26 NOV 1948</b>	
10. SOURCE OF ADMISSION				

26 NOV: Hepatitis. Hosp. do Hys  
Final Diag: *McLamb*  
Gastroenteritis, acute, mod. *Capt Mc*  
C.O. LOD-YES TO DUTY *14 DEC*

22 Jan 49.  
Epilepsy obs for  
Hosp 250th Stal Troop  
9MAL

31 MAY 49  
Eczema both feet after barasing  
L.O.D. yes Prognosis uncertain.  
D. 415  
*As follows*

6th Med. Det. ARMED. CAU. REGT. APO 305  
60



DO NOT USE CODE BOXES						
1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, Loran E-				A1	A2	A3
2. REGISTER No. 17 287	3. ARMY SERIAL No. 17 224 450	4. GRADE Ret		B1	B2	B3
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)* INF, Hq Trp, 6th Con Rgt				C1	C2	
6. AGE 18	7. RACE W	8. LENGTH OF SERVICE 1 8/12	9. DATE OF ADMISSION 26 Nov 48	D1	D2	D3
10. SOURCE OF ADMISSION Disp 6th Const				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
Dg #1 not complete; replaced by #2.				H		
2. Gastroenteritis, acute, moderate, cause undetermined.				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
				T		
				U		
12. LINE OF DUTY 2. Trp				V1		
13. DISPOSITION 2. Trp SV				V2		
14. DATE OF DISPOSITION 2. Trp 48				W1		
15. DAYS LOST →		TOTAL	HOSPITAL	QUARTERS		
		12	12			
16. NAME AND LOCATION OF REPORTING INSTALLATION 2500 Med Bldg Regensburg Germany				W2		
17. SIGNATURE STACY C. HARRIS, CWO USA REGISTRAR				W.D.A.G.O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 82, which will not be used after receipt of this revision.)						



OUTPATIENT				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, Loran E				A1	A2	A3
2. REGISTER NO.		3. ARMY SERIAL NO. 17 224 450		4. GRADE Ret		
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)* Hq Trp 6th Const Sqd				C1	C2	
6. AGE 18	7. RACE W	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
10. SOURCE OF ADMISSION				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS  26 Nov 48 Trf. Diag: Hepatitis, obs for 4.00 yrs. Adm. w-3 c. J. J. CLJ				G		
				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
12. LINE OF DUTY				T		
13. DISPOSITION				U		
14. DATE OF DISPOSITION				V1		
15. DAYS LOST →		TOTAL	HOSPITAL	QUARTERS		
16. NAME AND LOCATION OF REPORTING INSTALLATION 250th Med Sta Hosp, APO 225 Regensburg, Germany				W1		
17. SIGNATURE				W2		
				W. D., A. G. O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 16-40864-1 ☆ GPO						



REPORTS CONTROL SYMBOL MCS 67

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL, LORAN E.						
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE		B1	B2	B3
669	RA 17 224 450	Rct				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
INF. "H2" TROOP 6th Con ReSt						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
18	W	1 8/12	26 Nov 1948			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct						

\* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet

11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

Hepatitis, observation for.

12. LINE OF DUTY				S		
yes						
13. DISPOSITION				T		
Trfd to 250th Sta. Corp.						
14. DATE OF DISPOSITION				U		
26 Nov 1948						
15. DAYS LOST →		TOTAL	HOSPITAL	QUARTERS	V1	V2
16. NAME AND LOCATION OF REPORTING INSTALLATION						
Disp. oth Con ReSt, Straubins (21m-so)						
17. SIGNATURE						
<i>Morris A. Lambdin</i>						
MORRIS A. LAMBDIN CAPT MC						

W.D., A.G.O.  
FORM No. 8-24  
1 July 1944(This form supersedes W. D. M. D. Form No. 52,  
which will not be used after receipt of this revision.)

63



1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loran E.				REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		
	17224450	Rct		
5. ORGANIZATION AND ARM OR SERVICE 6th Con Regt., Hq Hq Sv Tp./				
6. AGE	7. RACE	8. LENGTH OF SERV.	9. DATE OF ADM.	
18	W	33/12	1 Dec 48	
10. SOURCE OF ADMISSION*				
*Required only when stencil procedure is used.				
				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS
				13. RESULTS AND REMARKS
SIGNATURE OF DENTAL OFFICER				



# REPORT OF DENTAL SURVEY

## UPPER TEETH\*

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	/					X	X	X	X	X		0		0	

## LOWER TEETH\*

RIGHT								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
		X											X	0	

OCCUSION

CLASS

CALCULUS: SLIGHT, MEDIUM, HEAVY

PERIODONTOCLASIA

DENTAL FOCI SUSPECTED

☐ YES

☐ NO

OTHER CONDITIONS

DATE

1. 12. 15

SIGNATURE OF DENTAL OFFICER

*[Signature]*

\* RESTORABLE CARIOUS TEETH BY O  
NONRESTORABLE CARIOUS TEETH BY /  
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE  
(Horizontal Line)

TEETH REPLACED BY FIXED BRIDGE  
(Oval to include abutments)

X	X	X
---	---	---

(X)
-----

WD AGO FORM 8-116  
15 MAR 1945

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

65

16-20622-2 ★ GPO



CLINICAL RECORD BRIEF				a. HOSPITAL 250th Med Sta Hosp		1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loren E			
				b. WARD 3	c. RELIGION Prot	d. PREV. ADM. Dec 48	2. REGISTER NO. 17 660		3. ARMY SERIAL NO. 17 225 550
e. NAME AND ADDRESS OF NEAREST RELATIVE Mother: Mrs Marie 11. S. E. 7th St. Newton, Kansas				5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* Inf, Hq Co, 6th Armd Cav Regt, APO 305					
				6. AGE 19	7. RACE W	8. LENGTH OF SERVICE 1-8/12	9. DATE OF ADMISSION 22 Jan 49, 1100		
f. DIS. 				g. INJ. 	h. B/C 	i. ADMITTING OFFICER WVK		10. SOURCE OF ADMISSION Disp, 6th Armd	

\* If AAF, indicate pilot, non-pilot flying personnel, ground personnel or aviation cadet.

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

Transfer: Epilepsy, obs for  
Diagnosis confirmed

Transfer diagnosis not confirmed

Observation for middle ear pathology

PROFILE			SERIAL						
	P	U	L	H	E	S	X	R	D
LAST (If known)									
PRESENT									
12. LINE OF DUTY  Yes			13. DISPOSITION AND DATE Transfer to 98th A.H. 8 Feb 49			14. SIGNATURE OF WARD SURGEON F.H. Verheyden Capt MC			

WD AGO FORM 8-33  
1 APR 1945

☆ U. S. GOVERNMENT PRINTING OFFICE 40778-1  
AGL 3315-48-100M-12431-3305

Replaces WD AGO Form 8-33, 1 Jul 44 and WD  
MD Form 55A, 31 May 39, which are obsolete.

66

92-72-18



ABBREVIATED CLINICAL RECORD

Name Hall, Loren Grade PVT Ward 3

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

Sat 22 Jan Patient has been boxing for some time. He "blacked out" while sparring last wed. Later while sitting at the club he fell once while working; two episodes yesterday - no pain.

Complete physical examination is negative except for the following:

P. 72 B.P. 138/84

EENT - normal

C-R - normal

H.I. - normal

G.M. - normal

Nervous System - normal

Progress:

Imp - no disease

F.H.V.



CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS  
PERSONAL HISTORY

Name Hall, Loran E. Grade ~~Sgt~~ Pvt Ward 3

Chief complaint:

Black out spells and headaches - 4 days

General appearance and condition on admission:

Patient is a robust soldier of about stated age of 19 who appears well and in no distress.

Occupation:

Soldier

Tropical service:

None

Habits (alcohol, tobacco, drugs):

5 or 6 beers per day previously, none in last two months  
One package of cigarettes per day

Family history:

Mother and father living and well

No history of serious family diseases

Previous personal history:

Usual childhood diseases  
Appendectomy in 1940 without complications

No serious diseases or operations

Injuries:

Hit back of left ear with baseball bat 8 mo. ago, unconscious  
2 hrs or so and had amnesia for about one day  
Back injury in Feb. '47, no fracture.

Venereal disease:

GC at age 14, was treated with sulfa and had no recurrence.

(OVER)

16--18815-1



### HISTORY OF THE PRESENT ILLNESS

This is the second admission to this hospital for this soldier in last two months. Previous discharge followed a diagnosis of gastroenteritis. He had been well and was boxing with a team in his outfit and had been for some time. Four days before admission he was sparring with another fellow and had received a blow on the head. It jarred him a bit but he continued to box for a few seconds and then he "blacked out" and fell. He was out just momentarily and then got up and went on to shower and felt OK. Then later he was sitting in the club playing cards and had a similar episode which lasted only momentarily. He had one episode the next day while walking along. Then he had two the day before admission, once while sitting in the club and the other while just sitting around. He has continued to have a rather mild, constant, dull aching generalized headache. He has felt perfectly well otherwise. He states that he wants to get out as quickly as possible since he thinks he is about to make the boxing team which will go to The States to box next spring.



## PHYSICAL EXAMINATION

Name Hall, Loran E. Grade Pvt Ward #

Height: Normal weight: Present weight:

Skin:

Clear no rashes or lesions

Head (including special senses, nose, mouth, throat, and pharynx):

No significant abnormalities observed except that bone conduction hearing is reduced or nearly absent on the left

Neck: -

Normal

Thorax:

Normal

Lungs:

Clear to percussion and auscultation

Vascular system (arterial and venous):

Normal

Blood pressure: Systolic 138; diastolic 84

Heart:

Normal

(OVER)

16-18810



## PHYSICAL EXAMINATION

Abdomen:

RLQ old scar. No tenderness, no masses

Hernia:

None

Genito-urinary:

Normal externally

Anus and rectum:

Normal externally

Glandular system (lymphatic and endocrine):

Normal

Bones and joints:

Normal

Muscular system:

Normal

Nervous system:

Normal except for hearing defect.

Date 22 Jan, 1949

Signature \_\_\_\_\_

Name (typed) \_\_\_\_\_

Verheyden

Grade \_\_\_\_\_

Capt

16-18816



PROGRESS NOTES

Name Hall, Loren

Grade Pvt

Ward 3

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

24 Jan. He was hit by a fl bat on his left mastoid area 7 months ago. - He was unconscious for days. - He vomited. - He had dizziness of rotate character. - He was hospitalized at the Bethel Diseases Hospital Newton, Kansas for 3 weeks. - Pupils 2 = 1; reaction to light and accommodation good. - no nystagmus. - Facialis 2 = 1. - The bone conduction on the left side absent. - Reflexes of the extremities normal. - no pathological reflex found. - The temporal margin of the left optic papilla isn't sharp; the vessels aren't enlarged. - Finger-nose test - left functions not accurate. - No cerebellar ataxia, or ataxia. -

in unison

26 Jan. Patient complains of very mild headaches and some dizziness when he first gets up from sitting or supine position. Skull films to be repeated.

28 Jan. Patient has had no black out episodes since admission. Headaches and dizziness is very very minimal. F. H. V.

1 Feb. Patient is asymptomatic now. He fell on slick stairs 2 days ago but has no sequelae. Skull films are to be repeated today. F. H. V.

3 Feb. Codeine & Caffeine for headache have given some relief. He continues to have some dizzy sensations and headaches. Skull films were negative. F. H. V.

(Use both sides of this sheet)



PROGRESS NOTES—Continued

5 Feb. Patient continues about the same with intermittent headaches. Dr Kulsear feels he probably has a menieres' syndrome. He perhaps will be sent to 98<sup>th</sup> S.H. <sup>Ear</sup> Clinic for consultation. F.H.V.

7 Feb. It has been decided to transfer patient to 98<sup>th</sup> S.H. instead of just for consultation. He has not had a nystagmus to make the menieres syndrome complete nor has he had an infection in the ear and is younger than is the rule but other symptoms are compatible with it. F.H.V.



TREATMENT

Name Hall, Loren

Grade PVT

Ward 3

Date

22 Jan 1. Routine Lab work -  
2. To meso hall

24. ✓ X-ray from skull and from left process. mastoidens. *F.H.V.*  
*diagnosis*

2 Feb. ✓ Codeine gr T Caffeine <sup>citrate</sup> gr III per relief  
of headache *F.H.V.*

5 Feb. ✓ Codeine gr T = Caffeine cit gr 1/2 per *F.H.V.*

7 Feb. ✓ Transfer to 98<sup>th</sup> G. H. *F.H.V.*



## TREATMENT

[illegible]



TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Hall, Loren Grade PVT Ward 3

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
22 Jan 41	97	72	18						Routine care Adm. Ambulatory @ 1130. Dr. obs. for epilepsy no complaints. To Mrs. Dwyer X Rays will be taken in a.m. as ordered. Pt. has no special complaints.
23 Jan	96	80	18						
24 Jan	97	80	20						
25 Jan	97	72	18	98	80	18	15	100	
26 Jan	97	68	18						Feels about the same.
27 Jan	97	80	20						
28 Jan	96	68	20	98	76	20	16	100	Routine care.
29 Jan	96	66	20						Routine care.
				98	72	18	16	100	
30 Jan	96	64	18	98	76	20			A.P.C. for headache - 2200 - No chief complaints
31 Jan	97	60	18	98	64	16			Routine care
1 Feb	97	60	20	98	80	30			Routine
2 Feb	97	60	18						Routine care.
								1300	Cod. gr. & Caffeine citrate for headache.
				98	80	18	16	100	
								1845	Cod. gr. & Caffeine citrate for headache.
3 Feb	96	68	18						Routine - Reg. diet
								1300	Cod. gr. & Caffeine citrate for headache.
				97	76	18	16	100	
4 Feb	97	64	18						Cod. gr. & Caffeine citrate for headache - 2200 -
				97	64	18	16	100	Routine care - Mrs. Hall.
									A.P.C. for headache.
									Cod. gr. & Caffeine citrate for headache - Slept well.
5 Feb	97	80	20						Routine - Mrs. Hall - No complaints
				98	76	18	16	100	Asa gr. x for headache - 0900 - 1600
6 Feb	98	88	20						Asa gr. x for headache 1530 hrs.

(Over)



Hull

[illegible]



RADIOLOGIC RECORD

Name Hall, Loren Grade PVT Ward 3

Film No. \_\_\_\_\_


Name Hall, Loren Rank Pvt Serial No. 17224450 Ward 3 Age 19

Part to be examined Skull... especially left mastoid  
Regions

Clinical diagnosis or brief history Ch. for epilepsy. Blow  
over left mastoid region. C. baseball bat 7 mos. ago  
Date 1. Feb. '49 J. H. Verheyden

Hospital 250. Station Hosp. MC  
Film No. 136

Negative skull.

Date 2 Feb 49 253 D.P. Babbitt, Capt.  
72 MC



## LABORATORY REPORTS

Name Hall, Loren Grade PVT Ward 3

[illegible]

Name Hall, Loren Serial No. \_\_\_\_\_ Rank \_\_\_\_\_  
Station 98th (US) Gen. Hosp. Word B-1  
Examination requested by Maj Roberts  
Indicate examination requested by check (✓) below M. C.  
Kahn ✓ Wassermann \_\_\_\_\_  
Quantitative Kahn \_\_\_\_\_  
E. Typhosa \_\_\_\_\_  
S. Paratyphi \_\_\_\_\_ Tularemia \_\_\_\_\_  
S. Schottmuelleri \_\_\_\_\_ Undulant fever \_\_\_\_\_  
Heterophile antibody \_\_\_\_\_ Weil-Felix \_\_\_\_\_  
Remarks \_\_\_\_\_  
Laboratory \_\_\_\_\_

HEWARD E. ELMER  
CAPT. E M.S.C.

Date 8 Feb

★ 16-33304-1 GPO  
AGL(3)2-46-1000M-12204-3139

Date.....  
☆ GPO 16-16969-3  
3-12193

7 SEP 1944 0-07 Form 55 L-1,  
23 December 1942, which may be used until  
existing stocks are exhausted.)

16-3274-3 ☆ GPC

16-13814-1 ☆ GPO



CLINICAL RECORD  
BRIEF

a. HOSPITAL 98 Gen Hosp APO 407			1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall Loren E		
b. WARD B 1	c. RELIGION P	d. PREV. ADM. NO	2. REGISTER NO. 50 012	3. ARMY SERIAL NO. RA17 224 450	4. GRADE Pvt
e. NAME AND ADDRESS OF NEAREST RELATIVE Mario Hall 111 South East 7th St Newton Kans.			5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* (CAV) 1st Hq & Hq Co 8th Armd Cav Post APO 305		
f. DIS. D	g. INJ.	h. B/C	6. AGE 19	7. RACE W	8. LENGTH OF SERVICE 8/12 (a)
i. ADMITTING OFFICER KGM JH			9. DATE OF ADMISSION 8 Feb 49		
			10. SOURCE OF ADMISSION Trfd. fr 250th Med Sta Hosp Apo 305		

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS  
Trfd Dg: Observation for middle ear pathology.

*Final Diag*

*Deafness, presbytic, cause in internal,*

*Left, Hearing 17.0 Decibel loss average conversational  
range at 38.0 Left.*

*Specialized treatment - deafness. General Surgery*

PROFILE				SERIAL					
	P	U	L	H	E	S	X	R	D
LAST (If known)									
PRESENT									
12. LINE OF DUTY <i>Yes.</i>				13. DISPOSITION AND DATE <i>Post 14 Feb. 1949 16</i>			14. SIGNATURE OF WARD SURGEON <i>Jul H. T. Blat</i>		



98 Gen Hosp  
APO 407

Hall Loren E

B 1 P NO

50 012 RA17 224 450 Pvt

(M) Marie Hall  
111 South East 7th St  
Newton Kans,

(CAV) Inf Hq & Hq Co 6th Armd Cav  
Regt APO 305

1215

19 W 8/12 (a) 8 Feb 49  
Trfd fr 250th Med Sta

D

KCH Jr

Hosp APO 305

Trfd Dg: Observation for middle ear pathology.

DATE 14-Feb 1949

DIAGNOSIS SLIP

DATE 14-Feb 1949 B-1

PREPARE ALL REPORTS IN DUPLICATE

INSTRUCTIONS: Original of INITIAL REPORT must be hand carried to the Registrar for all Military patients by 1200 hours of the day following admission. File duplicate copy of all reports with clinical record for reference. Diagnosis Slip is not submitted for non-military patients.

A CORRECTED REPORT will be submitted without delay when any diagnosis submitted on any previous report is incorrect. AND A ADDITIONAL REPORT will be submitted without delay when a additional diagnosis becomes established, or when a condition previously reported is cured (insuch cases the fact and date of cure will be stated).

TYPE OF REPORT (check one). Initial Corrected Additional

DIAGNOSIS: state briefly but concisely. Diagnosis will be stated if positively determined, or statement "undiagnosed condition manifested by" (complete) will be reported. The "undiagnosed condition", will be used for diagnosis not yet established and a CORRECTED report will be submitted when the "undiagnosed condition" changes to a positive diagnosis. Reports for "NFW" Venereal Diseases will be completed and accompanied by Two copies of the Contact History, ED Form 8-4, (old USFET Form 302.)

Deafness, presbycusis, cause undetermined, left.  
Hearing 17.0 decibels, low average conversational range at.  
38.0 left.

98th Gen Hosp Form # 45  
(Issue to Receiving Office Only)

F. Rolab  
SIGNED V.A.R. OFFICER



98th (US) Gen. Hosp.

DENTAL EXAMINATION

Name Hall, Loran Grade Pvt Ward B-1

Age 19 Color W Date 8 Feb, 19 49

Referred for:

1. Dental treatment. Routine ☒ Emergency ☐  
2. Elimination of dental foci. ☐  
3. If special examination for focal infection and report only is desired, check here. ☐  
4. In hospital for dental treatment only. ☐  
5. Probable period of hospitalization—weeks. ☐  
6. Infectious lues? ☐

Medical diagnosis:

Obs middle Ear Pathology

Remarks:

For Clearance Wm Roberts  
M. C.

Findings:

Date FEB 8 1949, 19

NEAL A. HARPER, COL. D.C.

D. C.

(OVER)



# REPORT OF DENTAL SURVEY\*

UPPER TEETH															
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	0	0	0												

LOWER TEETH															
RIGHT								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
		X											X		

CLASS IV

Occlusion m

Calculus: Slight ✓

Medium

Heavy

Peridontoclasia none

Dental foci suspected: Yes

No ✓

Other conditions:

3 Carious Teeth

7 Teeth missing

☐ Gingivitis

☐ Stomatitis

☐ Appointment given for treatment

☐ Treatment started today

Referred to

Class IV

Remarks

NEAL A. HARPER, COL. D.C.

D. C.

\*Indicate:

Restorable teeth, carious by

☐

Nonrestorable teeth, carious by

☐

Missing natural teeth by

☐

Teeth replaced by denture  
(horizontal line)

☐ ☐ ☐

Teeth replaced by fixed bridge  
(oval to include abutments)

☐ ☐

83



PROGRESS NOTES

Name Hall, Loren Grade Pvt. Ward B-1

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

8 - Feb. Transferred from 250<sup>th</sup> med. Sta.

1 Hosp. - "diag" of observation for middle ear pathology.

F. Roberts

14 - Feb.

Final Summary note: —

This 19 yr.-old w 8

was transferred from 250<sup>th</sup> med. Sta. Hosp. for observation of middle ear pathology. He presented, vaguely, complaints of occasional dizziness, and ringing, left ear.

During ear examination it was found that he had a perceptible deafness, left which had never seemed to bother him in performing his duty. Also his dizziness and tinnitus.

(Use both sides of this sheet)

(over)



PROGRESS NOTES—Continued

have cleared up what he has been in the hospital.

His general condition is good. Other findings, such as caloric vestibular test, have been all neg., so there is no contraindication for discharge and return to general military service.

F. Roberts



1

DATE OF ADMISSION	GRADE	ARMY SERIAL NUMBER	NAME	DIAGNOSIS
8 Feb	Pt	17224450	HALL, LOREN JL	obs. EAR Pathology



RADIOLOGIC RECORD

98th (US) Gen. Hosp.

Name Hall, Loren Grade Pvt Ward B1

Film No. \_\_\_\_\_


Name Hall Loren Rank Pvt 37144  
Serial No. 17224450 Ward EN1 Age 18  
Part to be examined Both mastoids + internal auditory  
Clinical diagnosis and symptoms (include operations) via the ear injury  
Date Feb 9, 1947 W. F. Roberts M.C.  
98th General Hospital Film No. 37144  
Date 10 Feb, 1947

BOTH MASTOIDS: The mastoid cells are clear.

H. GARRISON:  
CAPT MC

RADIOLOGIC REPORT 87



# LABORATORY REPORTS

96th (US) Gen. Hosp.

Name

Hall, Loren

Grade

Put

Ward

B

**Paste 1st report with top at this line ↑**

10-18814



OUTPATIENT REPORT SYMBOL MCS 67				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL, Loren E						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	17 224 450	Rct				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
Inf, Hq Co, 6th Armd Cav Regt						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
18	W	1-8-12				
10. SOURCE OF ADMISSION				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
22 Jan 49				H		
Transfer: Epilepsy obs for				I		
ward III				J		
LPH - yes				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
12. LINE OF DUTY				T		
13. DISPOSITION				U		
14. DATE OF DISPOSITION						
15. DAYS LOST ->		TOTAL	HOSPITAL	QUARTERS		
16. NAME AND LOCATION OF REPORTING INSTALLATION				V1		
250th Med Sta Hosp				V2		
Regensburg, Germany				W1	W2	
17. SIGNATURE						
				W.D., A.G. O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				99 16-40804-2 ☆ gpc		



REPORTS CONTROL SYMBOL MCS 67					DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL					A1	A2	A3
HALL, Loren E							
2. REGISTER NO.		3. ARMY SERIAL NO.		4. GRADE	B1	B2	B3
17 660		17 224 450		Pvt			
5. ORGANIZATION AND ARM OF SERVICE (if AAF personnel, see below)*					C1	C2	
Inf, H Co, 6th Armd Regt Cav							
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION		D1	D2	D3
19	W	1-8/12	22 Jan 49				
10. SOURCE OF ADMISSION					E1	E2	E3
Disp, 6th Armd							
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet					F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS					G		
1. Observation for middle ear pathology.					H		
					I		
					J		
					K		
					L		
					M		
					N		
					O		
					P		
					12. LINE OF DUTY		
1. Yes					Q2		
13. DISPOSITION					R		
Trfd to 98th Gen Hosp Munich, Germany					S		
14. DATE OF DISPOSITION					T		
8 Feb 49					U		
15. DAYS LOST ->		TOTAL	HOSPITAL	QUARTERS	V1		
		17	17		V2		
16. NAME AND LOCATION OF REPORTING INSTALLATION					W1		
250th Med Sta Hosp Regensburg Germany					W2		
17. SIGNATURE					W. D. A. G. O.		
STACY E HARRIS CWO USA REGISTRAR					FORM NO. 8-24		
					1 July 1944		



REPORTS CONTROL SYMBOL MCS 67				DO NOT USE CODE BOXES		
1. Last Name, First Name, Middle Initial				A1	A2	A3
Hall, Loren W.						
2. Registrar No.	3. Army Serial No.	4. Grade		B1	B2	B3
62	17224450	Rct				
5. Organization and arm or Service (if AAF personnel, see below)*				C1	C2	
Inf Hq Co 8th Armd Cav (US Con)						
6. Age	7. Race	8. Length of Service	9. Date of Admission	D1	D2	D3
18	W	1 8/12	22 Jan 49			
10. Source of Admission				E1	E2	E3
Direct						
* If AAF, indicate pilot/non-pilot flying pers, ground pers., or avn. cadet				F		
11. Cause of Admission, Additional Diagnoses, Operations Change of Status				G		
1. Epilepsy Obs For:				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
				T		
				U		
12. Line of Duty				V1		
Yes				V2		
13. Disposition				W1		
Trfd to 250th Sta Hosp 22 Jan 49				W2		
14. Date of Disposition				W.D., A.G.O.		
15. Days Lost ->						
Total						
Hospital						
Quarters						
16. Name and Location of Reporting Installation						
8th Armd Cav (US Con) Straubing						
17. Signature						
M. A. Lambdin (2nd S)						
A. LAMBDRIN Capt MC						



1. LAST NAME, FIRST NAME, MIDDLE INITIAL				B-1  REGISTER OF DENTAL PATIENTS
Fall Loren E				
2. REGISTER NO.		3. ARMY SERIAL NO.	4. GRADE	
		RA17 224 450	Pvt	
5. ORGANIZATION AND ARM OR SERVICE				
6 Arm Cav APO 30 5				
6. AGE	7. RACE	8. LENGTH OF SERV.	9. DATE OF ADM.	
19	W	1 10/12	9 Feb 49	
10. SOURCE OF ADMISSION*				
98th GEN. HOSP. APO - 407				
*Required only when stencil procedure is used.				
				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
				EXAMINATION
				Disch. From Hosp.
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS
				1949
				Feb 9
				13. RESULTS AND REMARKS
				II Adm R RN
				CASE 0198ED
SIGNATURE OF DENTAL OFFICER				
NEAL A. HARPER, COL. D. C.				
16-20622-2				92



REPORT OF DENTAL SURVEY																							
UPPER TEETH*																							
RIGHT												LEFT											
8 7 6 5 4 3 2 1												1 2 3 4 5 6 7 8											
LOWER TEETH*																							
RIGHT												LEFT											
16 15 14 13 12 11 10 9												9 10 11 12 13 14 15 16											
<div style="display: flex; justify-content: space-between;"> <div> <p>OCCLUSION <i>none</i></p> <p>PERIODONTOCLASIA <i>none</i></p> <p>DENTAL FOCI SUSPECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>OTHER CONDITIONS <i>none</i></p> </div> <div> <p>CLASS <i>II</i></p> <p>CALCULUS: SLIGHT, MEDIUM, HEAVY</p> </div> </div>																							
<p>DATE</p> <p style="font-size: 1.2em;">FEB 9 1949</p>												<p>SIGNATURE OF DENTAL OFFICER</p> <p style="font-family: cursive;">J. A. HARPER, COL. D. C.</p>											
<p>* RESTORABLE CARIOUS TEETH BY O</p> <p>NONRESTORABLE CARIOUS TEETH BY /</p> <p>MISSING NATURAL TEETH BY X</p>																							
<p>TEETH REPLACED BY DENTURE</p> <p>(Horizontal line)</p>																							
<p>TEETH REPLACED BY FIXED BRIDGE</p> <p>(Oval to include abutments)</p>																							

WD AGO FORM 8-116  
15 MAR 1945

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MID Form 79) which will not be used upon receipt of this revision.

16-20022-2 ★ GPO



1. LAST NAME, FIRST NAME, MIDDLE INITIAL				DO NOT USE CODE BOXES		
Hall, John				A1	A2	A3
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
50 712	717 224 450	Pvt				
5. ORGANIZATION, AKA, OR SERVICE (if AAF personnel, see below)*				C1	C2	
(CAV) 1st Inf Div CO 6th Armd Cav						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
17 (a)	W (b)		5 Feb 49			
10. SOURCE OF ADMISSION				E1	E2	E3
3rd Hos, 250th Med						
*If AAF, indicate pilot, pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
(a) verified				H		
(b) 2 Previous Active Sv				I		
Deafness, perceptive, cause undetermined, left. Hearing 17.0 decibels loss average conversational range, right - 38.0 left.				J		
				K		
				L		
				M		
				N		
Specialized Treatment - General Surgery.				O		
				P		
				Q1	Q2	
				R		
12. LINE OF DUTY				S		
Yes				T		
13. DISPOSITION				U		
Duty - General Service						
16 February 1949						
14. DATE OF DISPOSITION						
15. DAYS LOST →						
Total		HOSPITAL	QUARTERS	V1	V2	
8		8				
16. NAME AND LOCATION OF REPORTING INSTALLATION				W1	W2	
98th General Hospital, Munich, Germany						
17. SIGNATURE				W.D.A.G.O.		
B.L. Iseninger, WOJG, USA, Ass't, Registrar				FORM NO. 8-24		
				1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-40804-1 ★ GPO		



REPORTS OF MEDICAL EXAMINATION				A1	A2	A3
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				B1	B2	B3
Hall, Lorian T.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		C1	C2	
	RA-17 224 450	Pvt				
5. ORGANIZATION AND AREA OF SERVICE (If AAF personnel, see below)*				D1	D2	D3
Hq. 7712 EUCOM INTELL. SCHOOL (cadre)						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	E1	E2	E3
19	W	2 10/12	17 Oct 49			
10. SOURCE OF ADMISSION				F		
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				G		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				H		
17 Oct 49				I		
Blood T est.....				J		
23 XI. 44 some dripping				K		
leucocytes + epithelial				L		
very few clyptical bacilli				M		
urethritis non-spec.				N		
X 11 yrs				O		
by urethra				P		
penicillin				Q1	Q2	
3000000 u.				R		
28 XI. 44 epithelial				S		
leucocytes +				T		
very few cocci of different				U		
shape and size				V1	V2	
urethritis non-spec.				W1	W2	
sulphadiazine				W.D.A.G.O. FORM NO. 8-24 1 July 1944		
Calcium						
X 11 yrs						
by urethra						
12. LINE OF DUTY						
13. DISPOSITION						
14. DATE OF DISPOSITION						
15. DAYS LOST ->		TOTAL	HOSPITAL	QUARTERS		
16. NAME AND LOCATION OF REPORTING INSTALLATION						
DISP HQ 7712 EUCOM INT-SCHOOL						
17. SIGNATURE						
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision)				16-40804-2 ★ GPO		



WD AGO Form No. 8-34

ABBREVIATED CLINICAL RECORD

Name Hall, Loren, E. Grade Pfc. Ward \_\_\_\_\_

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

14. 1. 50. 20 years old W.M. was hit on his neck with a casted arm at the M. P. station Garmish in performance of his duty at 20<sup>00</sup> hrs. today. Pat. is in a coma on admission here.

Complete physical examination is negative except for the following:

B.P. 150/90 P. 70. Pupils equal, with normal reaction to light. Pat. comes slowly and without response to his senses.

X ray pictures a.p. + lat. of skull and cervical spine.

Progress:

Concussion, cerebral, mod.

Contusion, cervical part of spinal cord mod.

Fracture of vertebra C<sub>6</sub> not definitely determined



NAME Hall, Loren E GRADE Pfc SERIAL No. RA17224450 AGE 20 WARD Disp

PART TO BE EXAMINED (OR TREATED)

Back of skull- Cervical Region

CLINICAL DIAGNOSIS (INCLUDE OPERATIONS)

Possible Fracture

HOSPITAL

10th Gen Disp

DATE

14 Jan 50

SIGNATURE

J.

M. C.

Concussion-Cerebral Severity, Mod.  
Contusion, Cervical Spinal Cord with possible  
Fracture C-6

Film No.

9423

Date

M. C.

WD AGO Form 8-63 1 December 1944  
This form supersedes W. D., M. D. Form 55K-2, 9 June 1942  
which may be used until existing stocks are exhausted

RADIOLOGIC REPORT

16-42737-1 ☆ GPO



PROGRESS NOTES

Name

Hall, Loren

Grade

Ward

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

16 Jan. 1950

Pt. received rabbit punch & heavy cast over C4-7 area. Regained consciousness slowly over 3 hour period. X-rays revealed possible fracture thru body of C-6. Pt. complained of numbness in legs and showed generalized hyperreflexia. This cleared well and only residual today is pain on flexion of neck & tenderness over C6 area. No evidence of hematoma at this time. Transfer to Munich for further X-ray check.

D. Knopf  
Capt. M.C.



CLINICAL RECORD  
BRIEF

1. Concussion, cerebral
2. Contusion, cervical spinal cord w/possible fracture C-6

a. HOSPITAL 98th Gen Hosp APO 407			1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loren E		
b. WARD B-1	c. RELIGION P	d. PREV. ADM. No	2. REGISTER NO. 61 447	3. ARMY SERIAL NO. RA17224 450	4. GRADE Pfc
e. NAME AND ADDRESS OF NEAREST RELATIVE Mrs Marie Hall 111 South East 7th St Newton, Kan			5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel see below) (CMP) 521st MP Sv Plat APO 172		
f. DIS. Inj	INJ.	B/C	6. AGE 20	7. RACE W	8. LENGTH OF SERVICE 2 9/12(a)
g. ADMITTING OFFICER JTP/ma			9. (1206) ADMISSION 16 Jan 50		
			10. SOURCE OF ADMISSION Trfd fr 10th Gen Disp APO 172		

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS  
(a) Verified

1. ~~Concussion~~ Contusion, cerebral, moderate
2. ~~Wound contusion~~ Concussion of cervical spinal cord mild

19 Jan 50, 2040 hr, Harmonic Bay when pt. was struck in neck by Is 2

*The Treatment: Neurosurgery*

PROFILE		SERIAL							
	P	U	L	H	E	S	X	R	D
LAST (if known)									
PRESENT									
12. LINE OF DUTY PI US		13. DISPOSITION AND DATE Rtnr. 23 Jan 49 50			14. SIGNATURE OF WARD SURGEON Kelly M Bulley Capt MC				

WD AGO FORM 8-33  
1 APR 1945

☆ U. S. GOVERNMENT PRINTING OFFICE 16-40778-1

Replaces WD AGO Form 8-33, 1 Jul 44 and WD MD Form 55A, 31 May 39, which are obsolete.



98th Gen Hosp APO 407 Hall, Loren E

1. Concussion, cerebral  
2. Contusion, cervical spinal cord w/possible fracture C-6  
A-1 P No 61 447 RA17224 450 Pfo  
H) Mrs Marie Hall (CMP) 521st MP Sv Plat APO 172  
111 South East 7th St (1200)  
Newton, Kan 20 W 2 9/12(a) 16 Jan 50  
Inj WTR/ma Disp APO 172 Trfd fr 10th Gen

1. FROM: WARD OFFICER, AND NO.  
TO: Chief Clerk (a) Verified

Above patient for Discharge to own care

Discharge to Duty X

Transfer:

ANCL:

*K. M. Buhley*  
Ward Officer

2. FROM: REGISTRAR  
TO: Central Clearance

*[Signature]*  
Registrar

3. Time of Departure: 0935

Date of Departure: 23/1/50

*Loren E. Hall*  
Signature of Patient

Hosp Treasurer: *[Signature]*

Pts Clo Room *[Signature]*

KATHARINE A WIN  
Library U.S. Library

Registrar: *[Signature]*

98th Gen Hosp Form No 183

12 Sep 1949

Disposition Slip



Dr. P.

more

24 } per.  
4 }

S

Neck: ~~Heard~~ Back. dislocation - 9 months - 1947-8.

HC - 1946

101



1. Concussion, cerebral  
 2. Contusion, cervical  
 spinal cord  
 w/possible  
 fracture C-3

98th Gen Hosp APO 407  
 A-1 P No 61 447 RA17224 450 F10

(U) Mrs Mario Hall  
 111 South East 7th St  
 Newton, Kan

(UMP) 621st MP Sv Flat APO 172  
 (1200)  
 20 W 2 9/12(a) 16 Jan 50  
 Trsd fr 10th Gen  
 Inj WTR/ea Disp APO 172

(a) Verified

a/i when pnt was hit from behind while in performance of his  
 duty in MP Sta Garmisch Germany at 2040 hrs 14 Jan 50



<b>DIAGNOSIS SLIP</b>	1. LAST NAME, FIRST NAME, MIDDLE INITIAL <b>Hall, Loren E</b>			*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED
	2. REGISTER NO. <b>61 447</b>	3. ARMY SERIAL NO. <b>PA17 224 450</b>	4. GRADE <b>Pfc</b>	
	5. ORGANIZATION AND ARM OR SERVICE <b>(CMP) 521st MP Sv Plat APO 172</b>			
	6. AGE <b>20</b>	7. RACE <b>E</b>	8. LENGTH OF SER. <b>2 9/12</b>	
	9. DATE OF ADMISSION <b>16 Jan 50</b>			
10. SOURCE OF ADMISSION <b>Trfd fr 10th Gen 1st APO 172</b>				
<p>INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible.</p> <p>A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured.</p>				
11. DATE		12. WARD OFFICER		13. WARD NO.
14. TYPE OF REPORT (Check one)			15. TYPE OF PATIENT (Check one)	
<input type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED <input type="checkbox"/> ADDITIONAL			<input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input type="checkbox"/> GEN. HOSP.	
16. SPECIALTY (Check one)				
GENERAL MEDICINE		NEUROSURGERY		TROPICAL DISEASES
GEN & ORTH SURGERY		CLOSED WARD NP		OPHTHALMOLOGIC SURGERY
OPEN WARD NP		VASCULAR SURGERY		TRENCH FOOT
THORACIC SURGERY		TUBERCULOSIS		FEMALE
PLAST & MAX-FAC SUR		ARTHRITIS		PW OFFICER
DEAF		NEUROSYPHILIS		PW EM
BLIND		RHEUMATIC FEVER		
AMPUTEE		NEUROLOGY		
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY _____ DAYS				
<input type="checkbox"/> FULL DUTY <input type="checkbox"/> LIMITED DUTY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> CDD TO OWN CARE <input type="checkbox"/> TRANSFER TO VAF <input type="checkbox"/> TRANSFER TO OTHER HOSPITAL				
18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)				
HOSPITAL			DATE OF HOSPITALIZATION	
A.				
B.				
C.				

WD AGO FORM 8-176  
1 JUL 1945

16-45374-1

103



DIAGNOSIS SLIP	1. LAST NAME, FIRST NAME, MIDDLE INITIAL <b>Hall, Loren E</b>			*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED	
	2. REGISTER NO. <b>61 447</b>	3. ARMY SERIAL NO.* <b>RA17 224 450</b>	4. GRADE* <b>Pfc</b>		
	5. ORGANIZATION AND ARM OR SERVICE* <b>(CMP) 521st MP Sv Plat APO 172</b>				
	6. AGE <b>20</b>	7. RACE* <b>W</b>	8. LENGTH OF SER.* <b>2 9/12</b>		9. DATE OF ADMISSION* <b>16 Jan 50</b>
	10. SOURCE OF ADMISSION* <b>Trfd fr 10th Gen Hosp APO 172</b>				

INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. . The information need only be tentative, but should be as correct as possible.

A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured.

11. DATE	12. WARD OFFICER <i>R. B. Buley</i>	13. WARD NO. <i>135</i>
14. TYPE OF REPORT (Check one) <input type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED <input type="checkbox"/> ADDITIONAL		15. TYPE OF PATIENT (Check one) <input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input type="checkbox"/> GEN. HOSP.
16. SPECIALTY (Check one)		
<input type="checkbox"/> GENERAL MEDICINE	<input checked="" type="checkbox"/> NEUROSURGERY	<input type="checkbox"/> TROPICAL DISEASES
<input type="checkbox"/> GEN & ORTH SURGERY	<input type="checkbox"/> CLOSED WARD NP	<input type="checkbox"/> OPHTHALMOLOGIC SURGERY
<input type="checkbox"/> OPEN WARD NP	<input type="checkbox"/> VASCULAR SURGERY	<input type="checkbox"/> TRENCH FOOT
<input type="checkbox"/> THORACIC SURGERY	<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> FEMALE
<input type="checkbox"/> PLAST & MAX-FAC SUR	<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> PW OFFICER
<input type="checkbox"/> DEAF	<input type="checkbox"/> NEUROSYPHILIS	<input type="checkbox"/> PW EM
<input type="checkbox"/> BLIND	<input type="checkbox"/> RHEUMATIC FEVER	
<input type="checkbox"/> AMPUTEE	<input type="checkbox"/> NEUROLOGY	
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY _____ DAYS <input type="checkbox"/> FULL DUTY <input type="checkbox"/> LIMITED DUTY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> CDD TO OWN CARE <input type="checkbox"/> TRANSFER TO VAF <input type="checkbox"/> TRANSFER TO OTHER HOSPITAL		
18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)		
HOSPITAL		DATE OF HOSPITALIZATION
A.		
B.		
C.		



19. DIAGNOSIS: (If an injury is involved, boxes 21 and 22 must also be completed.)		20. LINE OF DUTY (Check)					
		YES	NO	EPTS	AR 35-1440	AW 107	UND
A.	<i>W/C neck</i>						
B.							
C.							
21. INJURY REPORT							
A. DATE AND HOUR OF INJURY							
B. WHERE INCURRED <i>Germany</i>							
C. HOW INCURRED <i>H. struck in neck by cast.</i>							
22. IS INVESTIGATING OFFICER REQUIRED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
23. REMARKS (Enter here additional facts not furnished elsewhere on this form; as clothing, pay data, decorations, etc., which may be of use to the soldier. Be complete.)							

U.S. GOVERNMENT PRINTING OFFICE 16-45374-1

*105*



PHYSICAL EXAMINATION

Name Hall, Grade \_\_\_\_\_ Ward \_\_\_\_\_

Height :

Normal weight :

Present weight :

Skin :

Clear

Head (including special senses, nose, mouth, throat, and pharynx) :

Normal

Neck :

Tenderness over C5 + 6 vert. No  
muscle spasm

Thorax :

No deformity

Lungs :

Clear

Vascular system (arterial and venous) :

N

Blood pressure : Systolic

110

diastolic

20

Heart :

Not enlarged. No (M)

(OVER)



PHYSICAL EXAMINATION

Abdomen:

Soft

Hernia:

None

Genito-urinary:

N

Anus and rectum:

N

Glandular system (lymphatic and endocrine):

N

Bones and joints:

N

Muscular system:

N

Nervous system:

Hyporeflexia rt. upper arm.  
Otherwise negative. Pressure  
over cervical vertebrae produces shock  
in rt. side of body

Date

18 Jan 1950

Signature

W. B. Bailey

Name (typed)

Grade

75.038 MON. 874



CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS  
PERSONAL HISTORY

Name Hall, Loren Grade Pfc Ward B-1

Chief complaint:

General appearance and condition on admission:

Al. is a w d, in male in no distress.

Occupation: En 10.

Tropical service: None

Habits (alcohol, tobacco, drugs):

Smokes 1 pack/day  
Drinks moderately

Family history:

M 3 14w  
S 14w

Previous personal history:

No serious diseases.

In 1947 - Injured back in Army. Hospitalized  
9 months for dislocation - then discharged  
from Army.

S-R: Eps negative

Injuries:

Venereal disease:

MC 1946.



### HISTORY OF THE PRESENT ILLNESS

At was unconscious 9 hrs. & then  
awoke & remembers of night leg  
pain in neck. Hit by car in  
back of neck in Hormiside, 7040 hrs.  
14 Jan 1950.



PROGRESS NOTES

Name Wall, Loren E. Grade Plt Ward B-1

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

19 Jan 50

X-Ray negative to date. Ht  
is much improved to date. Can  
move head in all directions &  
turn.

Hubbely  
Chase

21 Jan 50

Asymptomatic - To duty

AMB



FINAL SUMMARY

Pt was injured 14 Jan,  
unconscious several hrs,  
recovered & ~~paralytic~~ paralysis  
~~at~~ right leg. On exam  
no neurological changes  
X-Ray skull & neck neg.

To duty

W. B. Biehl



Form 55 D  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised May 31, 1939)

INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED  
LABORATORY TESTS, AND CONSULTATIONS

Name Hall Grade \_\_\_\_\_ Ward B-1

Transfer diagnosis:

Initial summary:

Working diagnosis or impression:

Contemplated laboratory tests and special examinations:



RADIOLOGIC RECORD

DATE OF REQUEST

19 Jan 50

AGE

20

SEX

m.

- (Check one)  
☐ BEDSIDE, WHEEL CHAIR, OR STRETCHER  
☐ BED PATIENT  
☐ AMBULATORY

REQUESTED BY

K. M. Berkley Capt

EXAMINATION REQUESTED

SUMMARY OF PERTINENT CLINICAL HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS  
AP & lat Skull  
Concussion, cerebral

RADIOGRAPHIC REPORT (Use reverse side for additional space)

No abnormal appearance demonstrated.

FILM NO.

47021

98th General Hospital

- (Check one)  
☐ BEDSIDE, WHEEL CHAIR, OR STRETCHER  
☐ BED PATIENT  
☐ AMBULATORY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hall, Loren

Pfc

REGISTER NO.

61 447

WARD NO.

B - 1

REQUESTED BY

Kelly M. Berkley Capt MC

DATE OF REQUEST

16 January 1950

AGE

20

SEX

male

EXAMINATION REQUESTED

portable:

AP and lateral cervical spine

SUMMARY OF PERTINENT CLINICAL HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

RADIOGRAPHIC REPORT (Use reverse side for additional space)

CERVICAL SPINE

No evidence of fracture or dislocation.

FILM NO.

47021

16 Jan 50

(DATE OF REPORT)

J. L. Cory, Capt., MC

REPORT MADE BY—Initials

Standard Form 519a Promulgated August 1948  
By Bureau of the Budget—Circular A-32

RADIOGRAPHIC REPORTS

HOSPITAL OR OTHER MEDICAL FACILITY

GPO 16-58908-1

3-11706



3E NO.

REGISTER NO.

AGE

DATE	NURSING NOTES	DATE	NURSING NOTES
16 Jan	10 Bone via letter Sunday East Reading bleeding feet & legs to good sleep The morning.		
18 Jan	Good night		
18 Jan	Comp. morning. Pt. got out of bed without assistance. Moved to Rm. 13		

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	KP 22943	DATE DISCONTINUED	DATE																							
				16			17			18			19			20			21			22					
				0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300			
No jet turn 92° bag pressure			A		✓		✓			✓																	
Keep neck in line			B		✓														✓								
Ventilator grossly 9-10 p.m.			C		✓		✓																				
Suit & fluids 2nd trip			D	✓			✓			✓			✓			✓			✓			✓					
up & about. Reg diet			E													✓			✓								
			F																								
			G																								
			H																								
			I																								
			J																								
			K																								
			L																								
			M																								
			N																								
			O																								
			P																								
			Q																								
			R																								
			S																								
			T																								

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

DIAGNOSIS

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

DATE OF ADMISSION		GRADE	ARMY SERIAL NUMBER	NAME	DIAGNOSIS
16 Nov		PFC	RD 172 24452	Walt, Aaron	114 Concussion



TEMPERATURE GRAPHIC CHART																																
NAME <u>HALL - Loren PFC</u>														GRADE <u>PFC</u>							WARD <u>B+</u>											
DATE <u>Jan 1952</u>																																
DAY OF HOSPITALIZATION																																
POSTOPERATIVE DAY																																
HOUR OF DAY																																
RESP.	PULSE	TEMP.	4	8	12	16	20	24	4	8	12	16	20	24	4	8	12	16	20	24	4	8	12	16	20	24	4	8	12	16	20	24
	150	107°																														
	140	106°																														
	130	105°																														
	120	104°			X																											
	110	103°			X						X						X						X						X			
	100	102°																														
	90	101°																														
	80	100°																														
	70	99°																														
	60	98°																														
	50	97°																														
	40	96°																														
HEIGHT-WEIGHT			<u>0700 1900 0700 1900 0700 1900</u> <u>1900 0700 1900 0700 1900 0700</u>																													
FLUID INTAKE	MOUTH	<u>820 1950/80</u>																														
	PARENTERAL																															
	TOTAL	<u>820 2490</u>																														
FLUID OUTPUT	URINE	<u>120 890 400</u>																														
	EMESIS																															
	OTHER																															
	TOTAL	<u>120 1290</u>																														
SPUTUM																																
STOOLS																																
BLOOD PRESSURE																																
MEDICATIONS																																

W.D., A. G. O. Form No. 8-57  
15 September 1944

This form supersedes W.D., M.D. Form 55 H-2, 31 May 1937, which may be used until existing stocks are exhausted.



10th Gen. Hosp.  
8639

ABBREVIATED CLINICAL RECORD

Name

Hall, Loren E

Grade

Cpl

Ward

17/45

This sheet to be used in conjunction with WD AGO Form 8-33 (WD MD Form 55A), in cases where the data hereon will suffice to conform with existing regulations.

Pertinent history, chief complaint, and condition on admission.

21. August 1950.

Got kicked on outside of lt. knee playing football this p.m.

Complete physical examination is negative except for the following:

mod. tenderness on lat. side of lt. knee-joint, movements free, pain on weight-bearing.  
X-ray: neg.

Impress: Sprain, lt. knee  
Progress: /H.

X-ray: No fracture. Has sprain of lateral meniscus. Discharge to duty & ace bandage.  
D. K. M. D.

(USE BOTH SIDES OF THIS SHEET)



**TEMPERATURE—TREATMENT—NURSE'S NOTES**

[illegible]

## LABORATORY REPORTS

Name HAIL, Loren Serial No. \_\_\_\_\_ Rank Pfc.  
Station 10th GENERAL DISPENSARY Ward 512-15  
Examination requested by Capt. D. R. Korst M.C.  
INDICATE EXAMINATION REQUESTED BY CHECK (X) BELOW  
R. B. C. 4.520.000 W. B. C. 5.700 Hb. 95% - 13.8 gts  
DIFFERENTIAL: Neutrophils 58 Lymphocytes 41  
Monocytes — Eosinophils — Basophils 1  
Reticulocytes \_\_\_\_\_ Platelets \_\_\_\_\_ Color index \_\_\_\_\_  
R. B. C. morphology \_\_\_\_\_  
Parasites \_\_\_\_\_  
Clotting time \_\_\_\_\_ Bleeding time \_\_\_\_\_  
Sedimentation rate \_\_\_\_\_ Hematocrit \_\_\_\_\_  
Remarks \_\_\_\_\_  
Lab. \_\_\_\_\_ M.C.  
WD AGO FORM 8-67 (Old WD MD Form 551-1) BLOOD Date 12 Aug 50  
7 SEP 1944 23 December 1942, which may be used until existing stocks are exhausted.) 16-32174-3 ☆ GPO 16-3963-3  
JUNE 1944) 8-12193

WD AGO FORM 8-69  
1 OCT 1944  
Replaces WD MD Form 55 L-3,  
9 Jun 42, which may be used.

# SEROLOGY

Date 22 Aug 58 <sup>M.C.</sup>  
★ 16-38804-31 GPO



SING  
ES AND  
TMENT  
ORD  
D NO.  
7/15  
E NO.

DATE	NURSING NOTES	DATE	NURSING NOTES
21 Aug	Pt Adm. Per. Wheel chair At 2030 hrs. T. 98°-90-20 X-RAY TAKEN ON ADM. APC W Codine CAP IT @ 2030 hrs. ICE CAP TO LT KNEE APPLIED Leg elevated.		
22 Aug	98-80-18 @ 0800. APC W Codine CAP IT 0800; 98°-72-18 @ 1600 98-80-18 @ 2000.		
23 Aug	98°-80-18 @ 0700		

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	DATE	21	22	23														
9/1/8	Reg. diet																			
58.	Rout. lab.																			
	Elevate lt. leg on pillow																			
	Ice-bag on lt. knee	21 Aug																		
	A.P. & Cod. 55 grain stat																			
	Phenobarb. 55 gr stat																			
25 Aug	APC & Cod cap it & bandage @ 7:30 pm.																			
27 Aug	Discharge																			

U-770  
DEC. 1940

REGISTER NO.  
8639  
AGE  
20

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN  
OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE  
AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

DATE OF ADMISSION	GRADE	ARMY SERIAL NUMBER	NAME	DIAGNOSIS
21 Aug 40	PFC	RAH 17224450	HALL, LOREN E. 118	CONTUSION, LEFT KNEE



ABBREVIATED CLINICAL RECORD

Name Hall, Loren Grade Pfc. Ward \_\_\_\_\_

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

9 August 1950

20 years old W. M. started an  
"aching all over" a few days ago.  
Gen. malaise, headache, loss of appetite.

Complete physical examination is negative except for the following:

- ① Infected cut on IV<sup>th</sup> finger rt. hand.
- ② Eczema rt. wrist.
- ③ Lymphswelling under rt. arm.
- ④ Tenderness in all muscles.

Progress:

Impr. To 101°  
Myasthenia gravis, generalized.

10 Aug: pt. has virus enteritis.

12 Aug: discharge - O.K.



TEMPERATURE—TREATMENT—NURSE'S NOTES

[illegible]

# LABORATORY REPORTS

(Paste third report here and succeeding ones on above lines)

(Paste second report with top at this line)

Name <u>HALL, LOREN</u>	Serial No. _____	Rank <u>PFC</u>
Station <u>1211 GENERAL DISPENSARY</u>	Ward. <u>5-17-12</u>	
Examination requested by <u>Capt.</u>	<u>D. R. Korst</u>	<u>M. C.</u>
INDICATE EXAMINATION REQUESTED BY CHECK (✓) BELOW		
Color <u>yellow</u>	Character <u>bloody</u>	Reaction <u>acid</u>
Sp. G. <u>1.020</u>	Albumen <u>neg</u>	Sugar <u>neg</u>
Acetone _____	Diacetic acid _____	Bile _____
Blood _____	Indican _____	Volume (24-hr.) _____
Microscopic _____	<u>HPF</u>	
<u>uric acid crystals</u>		
Lab. _____		
Remarks _____		
W. D., A. G. O. Form No. 8-71 1 October 1944 (Old W. D., M. D. Form No. 551-5 9 June 1942)	<b>URINALYSIS</b>	Date <u>9 Aug 52</u> ☆ GPO 16-16963-3 3-12193
Lab. _____		
W. D., A. G. O. Form No. 8-67 7 September 1944 (Old W. D., M. D. Form No. 551-1 23 December 1942)	<b>BLOOD</b>	Date <u>9 Aug 52</u> 16-32174-2



TE NO.

**REGISTER NO.**

AGE

20

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	DATE																	
			700	1500	2300	700	1500	2300	700	1500	2300									
9.8.	① Reg. diet		A	✓	✓	✓														
50.	② Pant. lab.		B	✓																
	③ Chest x-ray		C	✓																
	④ Force fluids		D	✓	✓	✓		✓												
	⑤ Penicillin i.c.d. (procaine) q.s.		E	✓	✓															
	⑥ A.P.C. ii tabl. t.i.d.		F	✓	✓	✓														
11 Aug.	Discharge		G																	
			H																	
			I																	
			J																	
			K																	
			L																	
			M																	
			N																	
			O																	
			P																	
			Q																	
			R																	
			S																	
			T																	

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN  
 IF NOT COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN  
OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE  
AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

AB CERTIFICATION THAT COPIES FURNISHED				NAME	DIAGNOSIS
DATE OF ADMISSION	GRADE	ARMY SERIAL NUMBER			
9 Aug 50	PFC	17224450	Kall, Loren	Myasthenia gravis	



ABBREVIATED CLINICAL RECORD

8650

Name Hall, Laver Grade Pfc. Ward \_\_\_\_\_

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

28. August 1950

20 years old W.M. got hit on lt. knee on 21. August 1950 and had trouble with it ever since.

Today he twisted it in game, can't stand on it.  
Complete physical examination is negative except for the following:

Mod. swelling of lt. knee.  
Movement restricted, extension to only 130 degrees possible.

Progress:

Impr. Hydrarthrosis lt. knee  
on account of torn ligament,  
medial meniscus. H.

24 Aug  
Shows marked improvement  
on heat lamp treatment. Discharge  
and light duty one week.  
No Bandage to knee. D.R.K.



TEMPERATURE—TREATMENT—NURSE'S NOTES

[illegible]

# LABORATORY REPORTS

<input type="checkbox"/> (Check one) <input type="checkbox"/> BEDSIDE, WHEEL CHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME HALL, LAREN E.	REGISTER NO. 517-12	WARD NO. 517-12
	REQUESTED BY Capt Host Pfc	DATE OF REQUEST 9 Aug 50	
EXAMINATION REQUESTED Chest plate	AGE 20	SEX M	
SUMMARY OF PERTINENT CLINICAL HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS MYASTHENIA, GRAVIS			
RADIOGRAPHIC REPORT (Use reverse side for additional space)			

FILM NO. 7923  
Aug. 50  
 (DATE OF REPORT)  
1950  
 REPORT MADE BY—Initials

Standard Form 519a Promulgated August 1948  
By Bureau of the Budget—Circular A—32

## RADIOGRAPHIC REPORTS

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

GPO 00-16-50908-1



SING  
ES AND  
ATMENT  
ORD  
D NO.

917-15

RE NO.

1

DATE	NURSING NOTES	DATE	NURSING NOTES
28 Aug	Pt Adm. Per Wheel chair. At 1700 hrs. T 98.4-34-20 98.6-72-18 @ 200.		
29 Aug	98.2-80-18 @ 0800. Discharged to instructions not to take part in football practice and to report each morning for heat lamp treatments.		

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	DATE															
			28			29												
			0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	
28.8.50	Reg. diet			✓	✓													
	Rest. lab.	28 Aug																
	Elevate lt. leg on pillow			✓	✓													
	Warm wet packs to lt. knee			✓	✓													
	For casting tomorrow - H. 23 Aug																	
29 Aug	Discharge - Return																	
	each morning for																	
	light treatment.																	
	ice Bandage to																	
	knee. H.K.																	

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN  
OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE  
AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED

REGISTER NO.

8650

AGE 20

DATE OF ADMISSION 28.8.50 GRADE Rf ARMY SERIAL NUMBER 17274450

NAME

Hall, Gordon

DIAGNOSIS

Hydrarthrosis lt. knee



PATIENT				DO NOT USE CODE BOXES		
1. NAME, FIRST NAME, MIDDLE, INITIAL				A1	A2	A3
Hall, Loren H.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	RA17224450	Pfc				
5. ORGANIZATION AND AREA OF SERVICE (if AAF personnel, see below)*				C1	C2	
(MP) 521st M.P. Sv. Plt. *						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	3 years	14 Jan 50			
10. SOURCE OF ADMISSION				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
* Garmisch, Germany				H		
Patient was brought into this Dispensary on litter at 2100 hrs 14 Jan 50.				I		
Patient was hit from behind by another soldier while in the performance of his duty in the MP Station (521st MPs) Garmisch Germany at 2040 hrs				J		
Concussion-Cerebral, Severity Mod.				K		
Contusion-Cervical Spinal Cord with possible fracture C-6				L		
24.1.50. was at 98th: no fracture				M		
R. taping of neck				N		
K. taping of neck				O		
6.7.50. ...				P		
...				Q1	Q2	
...				R		
9.3.50. Dermatomycosis r. hand.				S		
12. LINE OF DUTY				T		
13. DISPOSITION				U		
14. DATE OF DISPOSITION				V1	V2	
15. DAYS LOST → TOTAL HOSPITAL QUARTERS						
16. NAME AND LOCATION OF REPORTING INSTALLATION				W1	W2	
10th General Dispensary APO 172						
17. SIGNATURE Garmisch, Germany				W.D.A.G.O. FORM NO. 8-24 1 July 1944		



6.7.50

Vaccination

Rx Suspension

9. Aug. Summer flu

Rx. an. ward

Infection Vth finger & t. hand

21. Aug. Dermatomyces

both feet

Diys/H.

7. Oct. 50. car

to p

5. Oct. minor bruises

lt. leg

Diys/H.

8 Oct 50

X-ray left shoulder: neg.

11. Oct. Muscular strain

lt. shoulder

Rx. Sling

Strapping

14 OCT 50 Left Shoulder - Diathermy  
with Chloroform Liniment

5. Dec. mild contusion

lt. foot

Rx. Diathermy

(H)

17.12.50

Strain left biceps - Acute low back

Inj. knee Cold.

D & P. H. H. and anal sup every day

① A.P.C. - 1/2 doz. Drops - 1/2 doz. red. 1/2



DO NOT USE CODE BOXES					
1. LAST NAME, FIRST NAME, MIDDLE INITIAL R. L. E. E.			A1	A2	A3
2. REGISTER NO. 8.14	3. ARMY SERIAL No. A17,21450	4. GRADE Pfc	B1	B2	B3
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)* C-121st MP Bn Platoon (172)			C1	C2	
6. AGE 20	7. RACE W	8. LENGTH OF SERVICE 2 9/22	9. DATE OF ADMISSION 14 Jan 50		
10. SOURCE OF ADMISSION Direct			D1	D2	D3
			E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet			F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS			G		
			H		
1. Concussion, cerebral, moderate			I		
2. Contusion, cervical spinal cord with possible fracture C-6			J		
1 & 2 incurred when patient was hit from behind while in the performance of his duty in the MP Station Garrison, Germany at 2040 hours 14 Jan 50.			K		
			L		
			M		
			N		
			O		
			P		
			Q1	Q2	
			R		
12. LINE OF DUTY LD Yes			S		
13. DISPOSITION Crd 98th General Hospital			T		
14. DATE OF DISPOSITION 16 Jan 50			U		
15. DAYS LOST - TOTAL 2			HOSPITAL 2		
16. NAME AND LOCATION OF REPORTING INSTALLATION 10th General Dispensary APO 172			V1	V2	
17. SIGNATURE E. V. Carrasco E. V. CARRASCO CAPT, M.C.			W1	W2	
			W.D.A.G.O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 16-40804-1 ☆ gpo					



REGISTRATION CONTROL SYMBOL MOS-67				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
61 447	RA 17 224 450	Pfc				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
CMP) 521st MP Sv Plat APO 172						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	2 9/12(a)	16 Jan 50			
10. SOURCE OF ADMISSION				E1	E2	E3
Trfd fr 10th Gen Disp APO 172						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				8501		
1. Contusion, cerebral, moderate.				0010		
2. Concussion of spinal cord.				H		
Dg 1 - 2 AL aprx 2040 hrs, 14 Jan 50, patient was hit in the neck by another EM, while performing duty in the MP Station, Garmisch, Germany.				I		
				8263		
				J		
				7030		
				K		
				L		
				M		
				N		
				3 979		
				O		
Specialized Treatment: Neurosurgery.				P		
				Q1	Q2	
				R		
12. LINE OF DUTY				S		
1 Yes, 2 Yes				T		
13. DISPOSITION				U		
Duty, general service						
23 Jan 50						
14. DATE OF DISPOSITION						
15. DAYS LOST - TOTAL		HOSPITAL	QUARTERS	V1	V2	
7		7				
16. NAME AND LOCATION OF REPORTING INSTALLATION				W1	W2	
98th General Hospital, Munich, Germany						
17. SIGNATURE				W. D. A. G. O.		
B. L. ISEMINGER, WOJG, USA, Ass't Registrar				FORM NO. 8-24		
				1 July 1944		


This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.

128

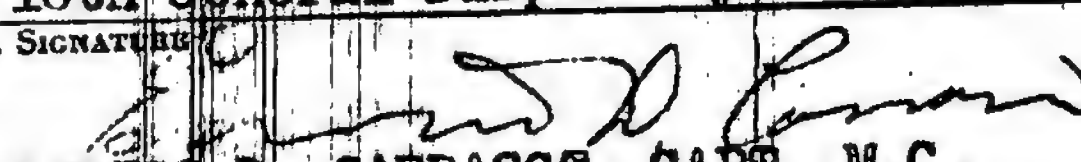
15-40864-2

GPO

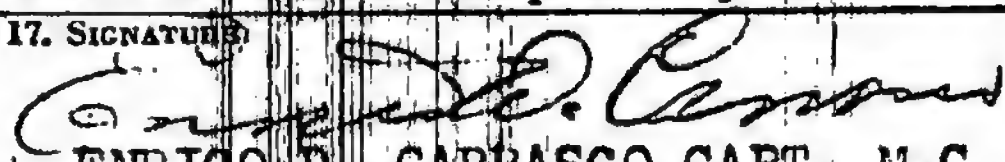


REPORT CONTROL SYMBOL MCS 87				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
8611	RA17224450	Pfc				
5. ORGANIZATION AND AREA OF SERVICE (if AAF personnel, see below)*				C1	C2	
(MP) 521st MP Sv Platoon						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	3 3/12	9 Aug 50			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct						
*If AAF, indicate pilot, nonpilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
5704-Gastroenteritis, acute, virus infection, type unknown				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
				T		
				U		
				V1	V2	
				W1	W2	
12. LINE OF DUTY						
ID Yes						
13. DISPOSITION						
Duty General Service						
14. DATE OF DISPOSITION						
11 Aug 50						
15. DAYS LOST →						
TOTAL						
2				2		
16. NAME AND LOCATION OF REPORTING INSTALLATION						
10th General Dispensary APO 172						
17. SIGNATURE						
 ENRICO D. CAPRASCO, CAPT, M.C.				W. D., A. G. O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-4086-2 ★ GPO		



REPORTING CONTROL SYMBOL MOS 67				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.				B1	B2	B3
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE				
8639	RA17224450	Pfc				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
(MP) 521st MP Sv Platoon						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	3 1/12	21 Aug 50			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
				T		
				U		
12. LINE OF DUTY				VI		
LD Yes				V2		
13. DISPOSITION				W1		
Duty General Service				W2		
14. DATE OF DISPOSITION						
23 Aug 50						
15. DAYS LOST - TOTAL		HOSPITAL	QUARTERS			
2			2			
16. NAME AND LOCATION OF REPORTING INSTALLATION						
10th General Dispensary APO 172						
17. SIGNATURE						
 ENRICO D. CARRASCO, CAPT, M.C.				W.D.A.G.O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-40804-2 ☆ GPO		



REPORTS CONTROL SYMBOL MOS 67				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
8650	RA17224450	Pfc				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
(CMP) 521st MP Sv Platoon						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	3 1/12	28 Aug 50			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
7350-Derangement internal, of left knee, torn ligament medicums. incurred in foot-ball practice 1600 hours 28 Aug 50, in Garmisch Germany				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				R		
12. LINE OF DUTY				S		
ID Yes						
13. DISPOSITION				T		
Duty General Service						
14. DATE OF DISPOSITION				U		
29 Aug 50						
15. DAYS LOST ->		TOTAL	HOSPITAL	QUARTERS		
		1		1		
16. NAME AND LOCATION OF REPORTING INSTALLATION				V1	V2	
10th General Dispensary APO 172						
17. SIGNATURE				W1	W2	
						
ENRICO D. CARRASCO CAPT, M.C.				W. D., A. G. O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 18-40864-2 ★ GPO						



CLINICAL RECORD  
BRIEF

a. HOSPITAL 98th Gen Hosp APO 407			1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, LORAN E		
b. WARD C 2	c. RELIGION F	d. PREV. ADM. 100 54	2. REGISTER NO. 79 226	3. ARMY SERIAL NO. RA17 224 450	4. GRADE Cpl
e. NAME AND ADDRESS OF NEAREST RELATIVE (M) Marie 111 South East 7th St Newton, Kan			5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below) (MPC) 521st MP Sv Co APO 172		
f. DIS. D	inj.	B/C	g. AGE 21	7. RACE W	8. LENGTH OF SERVICE 4 3/12 (A)
h. ADMITTING OFFICER J. D. Hall			9. DATE OF ADMISSION 20 April 51		
i. SOURCE OF ADMISSION Direct Casual Prop Garmisch, APO 172 (Consultation)			10. SOURCE OF ADMISSION Direct Casual Prop Garmisch, APO 172 (Consultation)		

\* If AAF, indicate pilot, non-pilot flying personnel, ground personnel or aviation cadet.

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

(a) Verified  
Arrived 1410  
Seen 1030  
LP Mar. 51  
PX Card yes  
HALL LORAN E

FINAL DIAGNOSIS: #1 (2440) Eczema, mycotic, hands

SPECIALIZED TREATMENT: General Medicine

COCC: Cured

DERMATOLOGY  
FOLDER IN 45  
ROBINSON  
DEC 28 1959

(A.M.)  
7 8 9 10 11 12 1 2 3 4 5 6  
P.M.

RECEIVED  
MAY 11 1959  
INITIAL

PROFILE			SERIAL						
	P	U	L	H	E	S	K	R	D
LAST (If known)									
PRESENT									
12. LINE OF DUTY  YES	13. DISPOSITION AND DATE  DUTY 15 May 1951			14. SIGNATURE OF WARD SURGEON  A. J. Hall					

WD AGO FORM 8-33  
1 APR 1945

☆ U. S. GOVERNMENT PRINTING OFFICE 16-40778-1

Replaces WD AGO Form 8-33, 1 Jul 44 and WD MD Form 55A, 31 May 39, which are obsolete.

MAY 15 1951

132



## CLINICAL RECORD

## HISTORY—Part I

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

CC: Skin trouble on rt. hand off & on for the past 3 yrs.  
[Referred in to the hospital from the Dermatology Clinic]

## HISTORY OF PRESENT ILLNESSES

3 yrs. ago during the summer mos. the pt. noted the appearance of small vesicles on the 5th finger (dorsum) of his rt. hand. These subsequently ruptured and a watery fluid was exuded. The lesions thereupon rapidly spread over the entire rt. hand. Vesiculation was followed by cracking and then desquamation. The pt. treated himself with cold cream and lesions gradually cleared up over the winter mos.

The following summer, 2 yrs. ago, the same sequence of events occurred. He was treated in the Dispensary at Oberammergau with "injections into the skin of the hand" and with "soaks." No improvement. Various salves were applied (? nature). Lesions became secondarily infected and were quite a problem. Pt. did not receive penicillin. Improvement occurred spontaneously in winter. Same story last summer with improvement again this past winter. Present flare up began 4-5 wks. ago with vesicles, cracking, & desquamation mainly on dorsum of rt. hand. 2 wks. ago lesions of similar nature appeared on anterior aspect of rt. ankle.

Examination for fungi never carried out. Pt. has taken no internal medications. Sweats a good deal in palms.

(Continue on reverse side)

SIGNATURE OF PHYSICIAN

M. N. Swartz

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hall, Toran

REGISTER NO.

73.226

DATE

20 April 51

WARD NO.

72

HISTORY—Part I

Standard Form 504

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

AGL (1) 2-51-70M-17337

133



CLINICAL RECORD

HISTORY—Part 2

PAST HISTORY

INSTRUCTIONS.—Include (1) OCCUPATION (Pre-war and post-war), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, and (8) INJURIES.

(2) In army for 4 yrs, stationed at St. Louis, Ft. Riley, & Ft. Knox.  
Has been in Bavaria for past 2 yrs.

(3) Habits - alcohol - average (mainly week-ends)  
Tobacco - moderate  
Drugs - none

(4) Family History -

Father 39 AOW  
Mother 39 AOW  
Sister 18 AOW

No known history of allergy, tbc, cancer, hypertension, or skin disease

(5) Childhood Illnesses: Only measles & mumps. No R.F. or polio, etc.

(6) Adult Illnesses: None

(7) Operations: appendectomy in 1939

(8) Injuries: Back injured in a fall on army maneuvers 4 yrs. ago. Spent 4 mos. in cast. in Vets Hosp. in Wichita, Kansas. "Vertebra" slipped. No operation. Pain and inability to bend were the main problems. Complete recovery and no difficulty since. Able to play football etc.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hall, Loran E.

REGISTER NO.

71,526

WARD NO.

62

HISTORY (Parts 2 and 3)  
Standard Form 505

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)



# HISTORY—Part 3 [SYSTEM REVIEW]

INSTRUCTIONS.—Include (1) GENERAL, (2) HEAD [including (3) EYE, (4) EAR, (5) NOSE and (6) THROAT], (7) NECK, (8) RESPIRATORY, (9) CARDIOVASCULAR, (10) GASTROINTESTINAL, (11) GENITO-URINARY [and (12) GYNECOLOGICAL], (13) HEMOPOIETIC, (14) LYMPHATIC, (15) MUSCULO-SKELETAL and (16) NEURO-PSYCHIATRIC SYSTEMS.

- (1) General Health - Excellent
- (2) Head - Neg.
- (3) Eye - No iritis, scleromata, diplopia etc
- (4) Ear - Neg.
- (5) Nose - Neg.
- (6) Throat - Infreq. sore throats
- (7) Neck - Neg.
- (8) Resp. Tract - Mild chronic colds during winter mos. Has had a "cold" for past 12 mos. Cough & mild cough productive of 1 teaspoonful/d of yellow sputum. No hemoptysis or chest pain. No fever or wt. loss.
- (9) Cardiovasc. - No ankle edema, palpitations, dyspnea
- (10) GI. - No melena, vomiting, abd. pain, or icterus
- (11) G.U. - No U.D. No dysuria, hematuria, pyuria, or colic
- (12) Lymphatic - Neg.
- (13) Musculoskel - Neg.
- (14) Neurol. - Neg.

SIGNATURE OF PHYSICIAN

DATE

AOB (1) 2-21-62-17123



DOCTOR'S PROGRESS NOTES  
(Sign all notes)

DATE

FINAL SUMMARY

12. May. THIS 21 YEAR OLD WH. MALE PT WAS ADMITTED 20. APRIL 57 INTO THIS HOSP. ON REQUEST OF DERMATOL. CLINIC BECAUSE OF MYCOTIC ECZEMA ON BOTH HANDS.

CONDITION WAS PRESENT FOR LAST 3 YEARS WITH CHANGING MANIFESTATIONS ON BOTH HANDS.

AT TIME OF ADMISSION CONDITION CONSISTED OF DESQUAMATIVE CRUSTED, ERODIVE ERUPTIONS ON BOTH HANDS, MAINLY ON DORSAL ASPECT AT BASE OF FINGERS. CONDITION IMPROVED WELL UNDER TREATMENT WITH DOMBURRO'S SOAKS, FUNGICIDAL LOTIONS AND SALICYLIC OINTMENT.

FIN. DG. ECZEMA, MYCOTIC, HANDS.

Code 2440

Dr. J. K. [Signature]



CLINICAL RECORD

DOCTOR'S PROGRESS NOTES  
(Sign all notes)

DATE

30. April

Hands cleaning up under antiseptic procedures.

Rx: 10% Salicylic acid ointment for use.

10% Salicylic acid ointment for use.

Sho

5. May

Condition much improved.

Treatment. Fumed 3 2+4 ointm.

Sh.

12. May

Hand eruptions much

Im. ready for discharge.

Sh.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hall, Loran S.

REGISTER NO.

79.226

WARD NO.

02

DOCTOR'S PROGRESS NOTES  
Standard Form 500

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

AGL (1) 2-51-70M-1703

137



CLINICAL RECORD

NARRATIVE SUMMARY

DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
20 April 51	14 May 51	24 days

(Sign and date at end of narrative)

m This 21 y. old white male patient was admitted 20 April 1951 into this hospital on request of dermatol. clinic because of mycotic eczema on both hands.

PHYSICAL EXAMINATION: Condition was present for last 3 years with changing manifestations on both hands. At time of admission condition consisted of desquamative crusted, erosive eruptions on both hands, mainly on dorsar aspect

COURSE IN HOSPITAL: at base of fingers.

Condition improved well under treatment with Embororro's soaks, fungicidal lotions and salicylic ointment.

FINAL DIAGNOSIS: Eczema, mycotic, hands.

CODE: 2440

LOD: Yes

DISPOSITION: Duty

  
JOACHIM THOMSEN  
MD

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
Hal, Loan		79,226	C2

NARRATIVE SUMMARY  
Standard Form 502

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

U. S. GOVERNMENT PRINTING OFFICE

16-50190-1



CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	
20 April 51	14 May 51	24 days	

(Sign and date at end of narrative)

RE This 21 y. old white male patient was admitted 20 April 1951 into this hospital on request of dermatol. clinic because of mycotic eczema on both hands.

PHYSICAL EXAMINATION: Condition was present for last 3 years with changing manifestations on both hands. At time of admission condition consisted of desquamative crusted, erosive eruptions on both hands, mainly on dorsal aspect of fingers.


COURSE IN HOSPITAL: Condition improved well under treatment with Dombororro's soaks, fungicidal lotions and salicylic ointment.

FINAL DIAGNOSIS: Eczema, mycotic, hands.

CODE: 2440

LGD: Yes

DISPOSITION: Duty

  
JOACHIM THOMSEN  
MD

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
Hal, Loan		79,226	C2


NARRATIVE SUMMARY  
Standard Form 502

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

U. S. GOVERNMENT PRINTING OFFICE 69-16-58180-1

139



REPORTS CONTROL SYMBOL MCS 87					DO NOT USE CODE BOXES			
1. LAST NAME, FIRST NAME, MIDDLE INITIAL					A1	A2	A3	
Hall, Loren E.								
2. REGISTER No.		3. ARMY SERIAL No.		4. GRADE		B1	B2	B3
8903		RA1722450		Cpl				
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)*					C1	C2		
(MPC) 521st MP Sv Platoon								
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION		D1	D2	D3	
21	W	4 1/12	9 Jan 51					
10. SOURCE OF ADMISSION					E1	E2	E3	
Direct								
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet					F			
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS					G			
4121-Pharyngitis, acute, moderate					H			
cause undetermined					I			
					J			
					K			
					L			
					M			
					N			
					O			
					P			
					Q1	Q2		
					R			
12. LINE OF DUTY					S			
LD Yes								
13. DISPOSITION					T			
Duty General Service								
14. DATE OF DISPOSITION					U			
13 Jan 51								
15. DAYS LOST →		TOTAL	HOSPITAL	QUARTERS	V1	V2		
4				4				
16. NAME AND LOCATION OF REPORTING INSTALLATION					W1			
10th General Dispensary, APO 172					W2			
17. SIGNATURE					W.D.A.G.O.			
					FORM NO. 8-24			
ENRICO D. CARRASCO MAJOR, M.C.					1 July 1944			
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)					6-40804-2 GPO			



REPORTS CONTROL SYMBOL MC8 87					DO NOT USE CODE BOXES				
1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loren E.					A1	A2	A3		
2. REGISTER NO. 195		3. ARMY SERIAL NO. RA17224450		4. GRADE Cpl.			B1	B2	B3
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* (MPC) 62nd MP Highway Patrol Co.					C1		C2		
6. AGE 21	7. RACE W	8. LENGTH OF SERVICE 2 6/12	9. DATE OF ADMISSION 28 Sep 51		D1	D2	D3		
10. SOURCE OF ADMISSION DIRECT					E1	E2	E3		
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet					F				
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSIS, OPERATIONS, CHANGE OF STATUS  4210 Influenza, virus unidentified.  "Specialized Treatment-General Medicine"					G				
					H				
					I				
					J				
					K				
					L				
					M				
					N				
					O				
					P				
					Q1	Q2			
					R				
					S				
					T				
					U				
					V1	V2			
					W1	W2			
12. LINE OF DUTY LD Yes									
13. DISPOSITION Duty General Service									
14. DATE OF DISPOSITION 30 Sep 51									
15. DAYS LOST - TOTAL 2					HOSPITAL		QUARTERS 2		
16. NAME AND LOCATION OF REPORTING INSTALLATION DET "C" 7779 MEDICAL DET., APO 172									
17. SIGNATURE ENRICO D. CARRASCO, MAJOR M.C.					W.D.A.G.O. FORM NO. 8-24 1 July 1944				
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)					AGL (1) 8-50- 250M-12750 101				



REPORTS CONTROL SYMBOL MCS 67				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loran E						
2. REGISTER NO.		3. ARMY SERIAL NO.		B1	B2	B3
79 226		RA 17 224 450				
4. GRADE				C1	C2	
Cpl						
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				D1	D2	D3
MPC) 521st MP Sv Co APO 172						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	E1	E2	E3
21	W	4 3/12 (a)	20 Apr 51			
10. SOURCE OF ADMISSION						
Direct - Casual Prop						
Sta Garmisch Mil Post						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
(a) verified				H		
Eczema, mycotic, hands. (2440).				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
				T		
				U		
12. LINE OF DUTY				V1	V2	
Yes						
13. DISPOSITION				W1	W2	
Duty, general service						
15 May 51						
14. DATE OF DISPOSITION						
15. DAYS LOST ->		TOTAL	HOSPITAL	QUARTERS		
25			25			
16. NAME AND LOCATION OF REPORTING INSTALLATION						
98th General Hospital, Munich, Germany						
17. SIGNATURE						
W.A. HAENDIGES, Capt, MSC, Registrar				W.D.A.G.O. FORM NO. 8-24 1 July 1944		

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) AGL (1) 3-51- 300M-18999

192



REPORTS CONTROL SYMBOL MCS 67				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hell, Loren E						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	RA17224450	Cpl				
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)*				C1	C2	
(MPC) 521st MP Sv PLT.*						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
21	W	4 6/12	11 Jun 51			
10. SOURCE OF ADMISSION				E1	E2	E3
* If AAF, indicate pilot, transport pilot, ground crew, or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSIS, OPERATIONS, CHANGE OF STATUS				G		
Garmisch, Germany				H		
<i>upset stomach and diarrhea.</i>				I		
				J		
25.6.51. <i>Wethers</i>				K		
<i>for chronic back-pain</i>				L		
6 July 51.				M		
<i>going to 98th g. H. for consultation for chronic recurrent dermatitis of hand</i>				N		
				O		
				P		
17.7.51. <i>chronic eczema</i>				Q1	Q2	
<i>of hand</i>						
				R		
				S		
12. LINE OF DUTY				T		
				U		
13. DISPOSITION				V1		
				V2		
14. DATE OF DISPOSITION				W1		
15. DAYS LOST				W2		
Total						
HOSPITAL						
QUARTERS						
16. NAME AND LOCATION OF REPORTING INSTALLATION						
Det C 7779 Med Det APO 172						
17. SIGNATURE						
				W. D., A. G. O.		
				FORM NO. 8-24		
				1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, AGL (1) 5-50-250M-12750 which will not be used after receipt of this revision.)						

143



27. 9.57. Caman calot f.h.  
28. 9.57. Influenza, acute  
d/h

164



PATIENT CLINIC				DO NOT USE CODE BOXES		
REPORTS CONTROL SYMBOL MCS 87				A1	A2	A3
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				B1	B2	B3
Hall, Loren E.				C1	C2	
2. REGISTER No.		3. ARMY SERIAL No.		D1	D2	D3
		RA17224450		E1	E2	E3
4. GRADE						
Cpl						
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)*						
(MPC) 521st MP Sv Plt.*						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION			
21	W	4 1/12	30 Jan 51			
10. SOURCE OF ADMISSION						
*If AAF, indicate pilot, nonpilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
*APO 172 2 2. 17				H		
X-ray left knee.				I		
Wider from knee. (Crasco) fixed				J		
walking - diff.				K		
17. 3 1/2 Comm. - 2. 1/2				L		
2 1/2 yrs.				M		
17. 3 1/2 Comm. - 2. 1/2				N		
30. 3. 57				O		
minor cyst on nose				P		
R. Infection				Q1		
5. 4. 57. chronic recurrent				Q2		
dermatitis, s.d. hand.				R		
R. consultation at				S		
9. 8th G. H.				T		
12. LINE OF DUTY				U		
(over)				V1		
13. DISPOSITION				V2		
14. DATE OF DISPOSITION				W1		
15. DAYS LOST		HOSPITAL		W2		
TOTAL		QUARTERS				
16. NAME AND LOCATION OF REPORTING INSTALLATION						
10TH GEN. DISP. APO 172						
17. SIGNATURE						

W. D. A. G. O.  
 FORM NO. 8-24  
 1 July 1944

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)



14. 4. 57. *Frangula garrulifolia* L.  
growing on  
st. sand. 8' 7".

166



REPORTS CONTROL SYMBOL MOS 67				DO NOT USE CODE BOXES		
1. NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.				B1	B2	B3
2. REGISTERED NO.		3. ARMY SERIAL NO.		4. GRADE		
		PA 17224450		CPL		
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
(MPC) 521st MP Sv Plt**				D1	D2	D3
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	E1	E2	E3
21	W	4 1/2	9 Jan 51			
10. SOURCE OF ADMISSION						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
* Garmisch, Germany.				H		
Emps 100.6 - Pulse 98.				I		
+121- Pharyngitis and				J		
upper respiratory C.U.				K		
infection. (H)				L		
Rx. am. ward.				M		
W. 1.51. fast, m.w., with				N		
C. 2. yr. L.P.				O		
B3 11.51. spr. up ankle				P		
+ reg. leg L.P.				Q1		
1536. C. 11.51				Q2		
Chasing 22 Jan				R		
25 Jan 51				S		
APR left both ankle				T		
SPRAIN - cast for 2 wks. (over)				U		
12. LINE OF DUTY				V1		
13. DISPOSITION				V2		
14. DATE OF DISPOSITION				W1		
15. DATE LOST		TOTAL	HOSPITAL	W2		
16. NAME AND LOCATION OF REPORTING INSTALLATION				W.D.A.G.O.		
10TH GEN. DISP APO 172				FORM NO. 8-24		
17. SIGNATURE				1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) <span style="float: right;">AGL (1) 6-50- 250M-12750</span>						



30. Jan 51 consultation for  
trouble with his Lt. knee.  
Sprain of medial ligament,  
7 months recurrence.  
Rx. <sup>9</sup>Diathermy  
Get braces for further foot  
ball activities. (H.)

168



7779 Medical Detachment C				
1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall Loran E				
2. REGISTER NO.		3. ARMY SERIAL NO.		4. GRADE
		RA17224450		Cpl
5. ORGANIZATION AND ARM OR SERVICE 521st MP GMP				
6. AGE	7. RACE	8. LENGTH OF SERV.	9. DATE OF ADM.	
20	W	3 yrs	14 June 1951	
10. SOURCE OF ADMISSION				
*Required only when stencil procedure is used.				
11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.				
Adm R Facing Loose				
12. DATES AND NATURE OF TREATMENTS AND OPERATIONS				
Exam. 1951 Facing Rec. 27				
13. RESULTS AND REMARKS				
RZ RZ				
SIGNATURE OF DENTAL OFFICER. <i>Loran E Hall</i> 1st Lt Dental Corps 169				



REPORT OF DENTAL SURVEY																							
UPPER TEETH*																							
RIGHT												LEFT											
8 7 6 5 4 3 2 1												1 2 3 4 5 6 7 8											
LOWER TEETH*																							
RIGHT												LEFT											
16 15 14 13 12 11 10 9												9 10 11 12 13 14 15 16											
OCCLUSION <i>12</i> PERIODONTOCLASIA DENTAL FOCI SUSPECTED OTHER CONDITIONS												CLASS <i>1</i> CALCULUS: SLIGHT. MEDIUM. HEAVY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
<i>8 - facing loose</i>																							
DATE												SIGNATURE OF DENTAL OFFICER											
* RESTORABLE CARIOUS TEETH BY <i>o</i> NONRESTORABLE CARIOUS TEETH BY / MISSING NATURAL TEETH BY X TEETH REPLACED BY DENTURE (Horizontal line) TEETH REPLACED BY FIXED BRIDGE (Oval to include abutments)												 											

WD AGO FORM 8-116  
15 MAR 1945

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

AGL (1) 10-50- 30M-14007

170



98th Gen Hosp. Munich Germany  
OUT PATIENT DEPARTMENT

Last Name		First	MI
Fall, Loren E			
Rank	Orgn		
Cpl	21st Inf Sv Co APO 172		
Race	Age	Sv	ASN or AGO
W	41	G/12	RA-17224450

Dependent of \_\_\_\_\_

6 Apr 51

Derm

Chronic scaly  
eczematoid dermatitis  
of hand & foot  
Dry, thickened  
R. 1st Col for in  
L. 1st Col for in

R. D. A. Swann

13 Apr 51

Cause Derm

Lesions are dry and cracking open today.

Dx: suggests recurrent resistant vesicular dermatitis of hands.

Rx: Boric acid 4.0  
Petroleum 36.0

Return in 1 wk. for microscopic exam of scales

M. Swann

20 Apr. Mycotic culture hands, not improved.

R. admission into hospital.

R. D. Swann



CLINICAL RECORD BRIEF

HALL LORAN E				HALL LORAN E			
USAH CP CHAFFET ARK				HALL LORAN E			
B. WARD		C. REGIMENT		D. CENTER NO.		E. ARMY SERIAL NO.	
D-5		B		16406		RA 17 224 450 Cpl	
F. NAME AND ADDRESS OF NEAREST RELATIVE				G. ORGANIZATION AND ARM OR SERVICE (IF AAF PERSONNEL, SEE BELOW)			
Mrs Loran E Hall (W)				505th MP			
3011 Redwood				H. AGE			
Parsons Kan				22 W			
				I. LENGTH OF SERVICE		J. DATE OF ADMISSION	
				5 yr		10 July 52	
K. DIS.	L. INJ.	M. R/C	N. ADMISSION	O. SOURCE OF ADMISSION			
D			HCR/cm	Direct			
P. IF AAF, INDICATE				Q. IF AAF, INDICATE			
				1025			

1946  
77f

(3531) Epilepsy, grand mal.

SPECIALIZED TREATMENT NEUROLOGY

R. PROFILE SERIAL		S. SIGNATURE OF WARD SURGEON					
T. LAST PROFILE SERIAL (IF KNOWN)							
U. PRESENT PROFILE SERIAL							
V. LINE OF DUTY		W. SIGNATURE OF WARD SURGEON					
NO EPTE		<p>Discharged from service SERIAL 16406 AWAITING REPARATION RUC</p>					

WD MD FORM 55A (REVISED)  
1 FEBRUARY 1945

(WHEN AAF USE THIS FORM)  
REPLACE WDC AGO FORM 8-33

172



10425

CLINICAL RECORD

CONSULTATION SHEET

REQUEST	
TO: <i>ENT</i>	FROM: (Requesting ward, unit, or activity) <i>D-5</i>
DATE OF REQUEST <i>15 July 52</i>	

REASON FOR REQUEST (Complaints and findings)

*Rain in R. ear*

PROVISIONAL DIAGNOSIS

*E. coli 12538, found in*

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE
<i>W. Ragan (H. 100)</i>		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY

15 July 52

CONSULTATION REPORT

*Subacute phase of old external otitis, it  
Drum OK. Mildly purulent and sticky in left, 5  
current activity. Transmucous the skin gel; not 1/2 in.  
No other changes.*

No record in  
Information Section, P. I. Branch

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
<i>W. Ragan (H. 100)</i>	<i>15 July 52</i>		

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
<i>Hall, Karen E.</i>	<i>16486</i>	<i>D-5</i>

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)	CONSULTATION SHEET Standard Form 513
<i>USAH Camp Chaffee, Ark.</i>	



HALL  
Loren E

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Surgical Clinic*  
REASON FOR REQUEST (Complaints and findings)

FROM: (Requesting ward, unit, or activity)

*H. P. Section*

DATE OF REQUEST

*15 July '52*

*Follow up*

PROVISIONAL DIAGNOSIS

*Epilepsy, Grand mal*

DOCTOR'S SIGNATURE

APPROVED

*H. Regan (JDB)*

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ ROUTINE

☐ EMERGENCY

CONSULTATION REPORT

15 July 52

There is a well healed scar over the thenar aspect of the right hand. There are two small nodules located over this area, one is somewhat painful but inferior. A small incision was made and the suture was removed. It appeared to be a 000 chromic catgut suture. In the other area no suture was found. The areas were cleaned with merthiolate and dressed. Pt. discharged from the clinic.

S A M SHASHY, 1st Lt, MC

Found in Enlisted Pers.  
Information Section, P. & L. Branch

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

*Hall, Loren E.*

REGISTER NO.

*16406*

WARD NO.

*N.S.*

*U.S.A.H. Camp Chalchicomula - Guat.*  
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CONSULTATION SHEET  
Standard Form 513

174



REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Hall Logan Eugene</b>				2. GRADE AND COMPONENT OR POSITION <b>Cpl.</b>		3. IDENTIFICATION NO. <b>RA-1722443</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <b>3011 Redwood Parsons, Kansas</b>				5. PURPOSE OF EXAMINATION <b>Seperation</b>		6. DATE OF EXAMINATION <b>17/7/52</b>	
7. SEX <b>M</b>	8. RACE <b>W</b>	9. TOTAL YRS. GOVT. SERVICE MILITARY <b>5 yrs.</b> CIVILIAN	10. DEPARTMENT, AGENCY OR SERVICE <b>Army</b>		11. ORGANIZATION UNIT <b>105th M.P. Co.</b>		
12. DATE OF BIRTH <b>Jan 30</b>		13. PLACE OF BIRTH <b>Newton, Kans.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <b>Wife, Parsons, Kansas</b>			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>U.S.A.H. Co. Chaffee, Ark.</b>				16. OTHER INFORMATION <b>None</b>			
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS (Follow by description of past history, if complaint exists) <b>Good</b>							

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:				
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)	
FATHER	42	Good				X	HAD TUBERCULOSIS		
MOTHER	41	Good				X	HAD SYPHILIS		
SPOUSE	21	Excellent				X	HAD DIABETES		
SISTER	19	Good			X		HAD CANCER	FATHER	
BROTHERS					X		HAD KIDNEY TROUBLE	SISTER	
AND					X		HAD HEART TROUBLE	MOTHER	
SISTERS					X		HAD STOMACH TROUBLE	MOTHER	
CHILDREN					X	X	HAD RHEUMATISM (Arthritis)		
					X	X	HAD ASTHMA, HAY FEVER, HIVES	Sister + Mom	
					X	X	HAD EPILEPSY (Fits)		
					X	X	COMMITTED SUICIDE		
					X	X	BEEN INSANE		

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
X		SCARLET FEVER, ERYSIPELAS	X		GOITER	X		TUMOR, GROWTH, CIST, CANCER	X		"TRICK" OR LOCKED KNEE
X		DIPHTHERIA	X		TUBERCULOSIS	X		RUPTURE	X		FOOT TROUBLE
X		RHEUMATIC FEVER	X		SOAKING SWEATS (Night sweats)	X		APPENDICITIS	X		NEURITIS
X		SWOLLEN OR PAINFUL JOINTS	X		ASTHMA	X		PILES OR RECTAL DISEASE	X		PARALYSIS (Inc. infantile)
X		MUMPS	X		SHORTNESS OF BREATH	X		FREQUENT OR PAINFUL URINATION	X		EPILEPSY OR FITS
X		WHOOPING COUGH	X		PAIN OR PRESSURE IN CHEST	X		KIDNEY STONE OR BLOOD IN URINE	X		CAR, TRAIN, SEA, OR AIR SICKNESS
X		FREQUENT OR SEVERE HEADACHE	X		CHRONIC COUGH	X		SUGAR OR ALBUMIN IN URINE	X		FREQUENT TROUBLE SLEEPING
X		DIZZINESS OR FAINTING SPELLS	X		PALPITATION OF POUNDING HEART	X		BOILS	X		FREQUENT OR TERRIFYING NIGHTMARES
X		EYE TROUBLE	X		HIGH OR LOW BLOOD PRESSURE	X		VENEREAL DISEASE	X		DEPRESSION OR EXCESSIVE WORRY
X		EAR, NOSE OR THROAT TROUBLE	X		CRAMPS IN YOUR LEGS	X		RECENT GAIN OR LOSS OF WEIGHT	X		LOSS OF MEMORY OR AMNESIA
X		RUNNING EARS	X		FREQUENT INDIGESTION	X		ARTHRITIS OR RHEUMATISM	X		BED WETTING
X		CHRONIC OR FREQUENT COLDS	X		STOMACH, LIVER OR INTESTINAL TROUBLE	X		BONE, JOINT, OR OTHER DEFORMITY	X		NERVOUS TROUBLE OF ANY SORT
X		SEVERE TOOTH OR GUM TROUBLE	X		GALL BLADDER TROUBLE OR GALL STONES	X		LAMENESS	X		ANY DRUG OR NARCOTIC HABIT
X		SINUSITIS	X		JAUNDICE	X		LOSS OF ARM, LEG, FINGER, OR TOE	X		EXCESSIVE DRINKING HABIT
X		HAY FEVER	X		ANY REACTION TO SERUM, DRUG OR MEDICINE	X		PAINFUL OR "TRICK" SHOULDER OR ELBOW	X		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
X		WORN GLASSES	X	ATTEMPTED SUICIDE		BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
X		WORN AN ARTIFICIAL EYE	X	BEEN A SLEEP WALKER		HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
X		WORN HEARING AIDS	X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS		BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
X		STUTTERED OR STAMMERED	X	COUGHED UP BLOOD		HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
X		WORN A BRACE OR BACK SUPPORT	X	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <b>1</b>				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <b>36</b>		25. WHAT IS YOUR USUAL OCCUPATION? <b>MP</b>	
						26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	



YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	X	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	X	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
X		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	X	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	X	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
X		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	X	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

*Appetectomy Age 11*

*Dr. Louse Newton, Kans.*

*Dr. Brazil Newton, Kans.*

*Veter. Hospital Wichita, Kans.*

*For same illness I have now*

*April 17 1947, Same as what's wrong with me now, Menstrual*

RECEIVED  
B. CHITRA 6, 6/15/52

JUL 12 7 11 AM '52

CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

SIGNATURE

*Robert E. Hall*

TYPED OR PRINTED NAME OF EXAMINEE

*Hall Robert E*

PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 27 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

*J. F. Condron, Capt. MC*

DATE

*18 July 52*

SIGNATURE

*Condron*

NUMBER OF ATTACHED SHEETS



# REPORT OF MEDICAL EXAMINATION

NORMAL		ABNORMAL		CLINICAL EVALUATION	
				(Check each item in appropriate column: enter "N. E." if not evaluated)	
				18.	HEAD, FACE, NECK, AND SCALP
				19.	NOSE
				20.	SINUSES
				21.	MOUTH AND THROAT
				22.	EARS—GENERAL <small>(Int. &amp; ext. canals) (Auditory acuity under items 70 and 71)</small>
				23.	DRUMS <small>(Perforation)</small>
				24.	EYES—GENERAL <small>(Visual acuity and refraction under items 59, 60, and 61)</small>
				25.	OPHTHALMOSCOPIC
				26.	PUPILS <small>(Equality and reaction)</small>
				27.	OCULAR MOTILITY <small>(Associated parallel movements, nystagmus)</small>
				28.	LUNGS AND CHEST <small>(Include breasts)</small>
				29.	HEART <small>(Thrust, size, rhythm, sounds)</small>
				30.	VASCULAR SYSTEM <small>(Varicosities, etc.)</small>
				31.	ABDOMEN AND VISCERA <small>(Include hernia)</small>
				32.	ANUS AND RECTUM <small>(Hemorrhoids, fistulae) (Prostate if indicated)</small>
				33.	ENDOCRINE SYSTEM
				34.	G-U SYSTEM
				35.	UPPER EXTREMITIES <small>(Strength, range of motion)</small>
				36.	FEET
				37.	LOWER EXTREMITIES <small>(Except feet) (Strength, range of motion)</small>
				38.	SPINE, OTHER MUSCULOSKELETAL
				39.	IDENTIFYING BODY MARKS, SCARS, TATTOOS
				40.	SKIN, LYMPHATICS
				41.	NEUROLOGIC <small>(Equilibrium tests under item 72)</small>
				42.	PSYCHIATRIC <small>(Specify any personality deviation)</small>
Females only		(Check how done)			
		43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL			

Chest  
 Insp. 39  
 Exp. 35

41. Epileptic grand mal.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively) O.—Restorable teeth I.—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures (X X X)—Fixed bridge, brackets to include abutments																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">RIGHT</div> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>X</td><td>X</td><td></td><td>X</td><td></td><td>(</td><td>X</td><td>X</td><td>X</td><td>X</td><td>)</td><td></td><td></td><td></td><td></td><td>O</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> <tr> <td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td></td> </tr> </table> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">LEFT</div> </div>																X	X		X		(	X	X	X	X	)					O	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			X											X			Edg. fixed (serv) Occ. Normal Class 2	
X	X		X		(	X	X	X	X	)					O																																																																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																																		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																																																		
		X											X																																																																				
LABORATORY FINDINGS																																																																																	
45. URINALYSIS: SP. GR. 1.02						46. CHEST X-RAY (Place, date, film number, result)						47. SEROLOGY (Specify test used and result)																																																																					
ALBUMIN		SUGAR		MICROSCOPIC		USA Hosp. Camp Chaffee, Ark. 18 July 1952, 16145, NEG						KAMA-NEG																																																																					
NEG		NEG		NEG																																																																													
48. EKG				49. BLOOD TYPE AND RH FACTOR				50. OTHER TESTS																																																																									
NOT DONE				TYPE A				NONE																																																																									

177



MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT		52. WEIGHT		53. COLOR HAIR		54. COLOR EYES		55. BUILD: SLENDER MEDIUM HEAVY. OBESE		56. TEMP.	
70 3/4		179		Black		Brown		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		98.4	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
SITTING		SYS.		RECUM-BENT		SYS.		STANDING (3 min.)		SYS.	
DIAS.		70		70		70		102		74	
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/		CORR. TO 20/		BY		S. CX		J1		CORR. TO BY	
LEFT 20/		CORR. TO 20/		BY		S. CX		J1		CORR. TO BY	
62. HETEROPHORIA: (Specify distance)		ES°		EX°		R. H.		L. H.		PRISM DIV.	
										PRISM CONV.	
										PC PD	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT				Wool Normal				UNCORRECTED			
								CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS			
								69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WY 15/15 SV 15/15				250 256 500 512 1000 1024 2000 2048 3000 3096 4000 4224 8000 8192							
LEFT WY 15/15 SV 15/15				RIGHT							
				LEFT							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Appendectomy 1940.  
Multiple complaints, HP and chest—see diagnosis.  
Left shoulder and left knee injury, occasional pain, not disqualifying.  
Cold URI with headaches, otitis and sinusitis.

ADJUTANT GENERAL'S OFFICE  
WASHINGTON, D. C.

AUG 8 12 27 PM 1952

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Item 76, S-4: See Item 41.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

See attached Consultation.

76. EXAMINEE (Check)

☒ IS QUALIFIED FOR Separation

77. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

None

78. TYPED OR PRINTED NAME OF PHYSICIAN

J. F. Condron, Capt. MC

79. TYPED OR PRINTED NAME OF PHYSICIAN

80. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

81. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

76. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	4

PHYSICAL CATEGORY

mlr

A	B	C	E
			X

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

NUMBER OF ATTACHED SHEETS



20 April 51

14 May 51

24 days

This 21 y. old white male patient was admitted 20 April 1951 into this hospital on request of dermatol. clinic because of mycotic eczema on both hands.

PHYSICAL EXAMINATION: Condition was present for last 3 years with changing manifestations on both hands. At time of admission condition consisted of desquamative crusted, erosive eruptions on both hands, mainly on dorsal aspect at base of fingers.

COURSE IN HOSPITAL:

Condition improved well under treatment with Ambroff's scales, fungicidal lotions and salicylic ointment.

FINAL DIAGNOSIS: Eczema, mycotic, hands.

CODE: 2440

LOD: Yes

DISPOSITION: Duty

  
JOACHIM THOMSEN  
MD



# CLINICAL RECORD

# PHYSICAL EXAMINATION

DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
20 April 51	6'	180		180	98	80	100/60

INSTRUCTIONS.—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

- ① General appearance: w.d. & w.n. ♂ of 22; alert & cooperative
- ② Head & neck: Neg.
- ③ Eyes: Pupils round, equal, regular; react readily & well to L&A; normal EOM; Fundi normal
- ④ Ears: Neg.
- ⑤ Nose: Neg.
- ⑥ Mouth: No lesions
- ⑦ Throat: Slight post-nasal drip; pharynx benign
- ⑧ Teeth: Neg.
- ⑨ Chest: Symmetrical
- ⑩ Lungs: Clear to p.p.a.
- ⑪ Cardiovasc: Heart not enlarged; NSR; P<sub>2</sub> > A<sub>2</sub>; no murmurs
- ⑫ abd.: No masses or viscera palpable; no tenderness
- ⑬ Hernia: Neg.
- ⑭ Genitalia: Neg.
- ⑮ Back: Good motion; normal curve; no tenderness
- ⑯ Extremities: Neg.
- ⑰ Neurol: KJ & AJ = H
- ⑱ Skin: Eczematized, cracked, thickened skin & scales over dorsum of rt. hand, fingers & palms. Also a few plaques on dorsum of rt. foot.
- ⑲ Nodes — Neg.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
Hall, Loran E.	73.226	72

PHYSICAL EXAMINATION  
Standard Form 506

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16-58185-2



PHYSICAL EXAMINATION

PROGRAM:

- ① Direct microscopic
- ② Culture
- ③ 10% Salicylic acid & Undecylenic Acid aa
- ④ 10% Na Thiosulfate soaks

INITIAL IMPRESSION

*Mycotic Lesions*

SIGNATURE OF PHYSICIAN

*M. M. Swartz*



CLINICAL RECORD

RADIOGRAPHIC REPORTS

STAPLE 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

STAPLE 2D REPORT WITH TOP AT THIS LINE ↑

STAPLE 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

STAPLING MARGIN

(Check one) <input type="checkbox"/> BEDSIDE, WHEEL CHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME Hall, Gordon . . .	REGISTER NO. 70.226	WARD NO. C.
	REQUESTED BY Capt Ailsworth	DATE OF REQUEST 20 April 51	
	EXAMINATION REQUESTED Routine chest X-ray	AGE 51	SEX male
	SUMMARY OF PERTINENT CLINICAL HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS Myrotic eczema		

RADIOGRAPHIC REPORT (Use reverse side for additional space)

CHEST

The heart and lungs are negative.

FILM NO.

24 Apr 51

(DATE OF REPORT)

R.M. Tirman, Maj. MC

REPORT MADE BY—Initials)



WD AGO FORM 8-66  
7 JUN 1944  
(Old WD MD Form 55L, 31 May 1939,  
which may be used until existing stocks  
are exhausted.)

LABORATORY REPORTS

Name Hall, Loran F. Grade Col Ward C2

(Check one) <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME <u>Hall, Loran F.</u>	REGISTER NO. <u>79.226</u>	WARD NO. <u>C2</u>
	REQUESTED BY <u>Capt Ailsworth</u>	DATE OF REQUEST <u>20 April 51</u>	
CHECK (✓) EXAMINATION REQUESTED <input type="checkbox"/> ROUTINE FLOCCULATION <input type="checkbox"/> ROUTINE COMPLEMENT FIXATION <input type="checkbox"/> OTHER (Specify)			

CARDIOLIPIN NEGATIVE

(Check one) <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME <u>Hall, Loran F.</u>	REGISTER NO. <u>79.226</u>	WARD NO. <u>C2</u>
	REQUESTED BY <u>Capt Ailsworth</u>	DATE OF REQUEST <u>20 April 51</u>	
CHECK (✓) EXAM. REQUESTED	RESULTS	CHECK (✓) EXAM. REQUESTED	RESULTS
<input checked="" type="checkbox"/> W.B.C.	<u>5,400</u>	<input checked="" type="checkbox"/> R.B.C.	<u>16.6 gms</u>
<input checked="" type="checkbox"/> DIFFERENTIAL COUNT		<input type="checkbox"/> HEMOGLOBIN	
NEUTROPHILS	<u>57</u>	<input type="checkbox"/> BLEEDING TIME	
LYMPHOCYTES	<u>38</u>	<input type="checkbox"/> COAGULATION TIME	
MONOCYTES	<u>3</u>	<input type="checkbox"/> BLOOD MORPHOLOGY	
EOSINOPHILS	<u>2</u>	<input type="checkbox"/> MALARIA SMEAR	
OTHER TESTS OR EXAMINATIONS (Specify)			

REMARKS: 54  
GEORGE W. JONES  
Captain  
MSO  
APR 22 1951

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)			
(Check one) <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME <u>Hall, Loran F.</u>	REQUESTED BY <u>Capt Ailsworth</u>	
	CHECK (✓) EXAM. REQUESTED		
<input checked="" type="checkbox"/> COLOR—APPEARANCE		<input checked="" type="checkbox"/> SUGAR (Qualitative)	<u>neg</u>
<input checked="" type="checkbox"/> REACTION		<input type="checkbox"/> SUGAR (Quantitative)	
<input type="checkbox"/> SPECIFIC GRAVITY	<u>1.022</u>	<input type="checkbox"/> ACETONE	
<input type="checkbox"/> ALBUMIN (Qualitative)	<u>neg</u>	<input type="checkbox"/> DIACETIC ACID	
<input type="checkbox"/> ALBUMIN (Quantitative)		<input type="checkbox"/> BILE	
<input checked="" type="checkbox"/> MICROSCOPIC			
OTHER TESTS OR EXAMINATIONS (Specify) <u>CENTRIFUGE</u> <u>WBC 3-1 per HPF</u> <u>RBC neg</u> <u>CASTS rare 1 per HPF</u>			
REMARKS: <u>54</u> <u>GEORGE W. JONES</u> <u>Captain</u> <u>MSO</u> <u>APR 21 1951</u> (DATE OF REPORT) (REPORT MADE BY—Initials)			



CLINICAL RECORD

NURSE'S NOTES  
(Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
20 April '51	Main Mess	Adm. 1400 hrs. Adm. Temp. 98.4 - 74 - 18 176 lbs.
21 April		Seems same
22 April	<del>Had bandage on arm</del>	
23 April	Rx Oint to bandage	
25 April	Rx. Oint to hand & bandage	
29 April		No Complaints
30 Apr	Same Treat.	
	Rx Oint discont.	
	Kmno <sub>4</sub> Soaks days	
	10% Salicylic Acid Oint HS	

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME  
Hall, Nora E.

REGISTER NO.  
79,225

WARD NO.  
05

NURSE'S NOTES  
Standard Form 510

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)  
145

50-10-50173-1

GPO O-79494



CLINICAL RECORD

DOCTOR'S ORDERS  
(Sign all orders)

DATE		ORDERS	DOCTOR'S SIGNATURE	NURSE'S INITIALS
START	STOP			
20 April '51		① Regular meals		MT
		② Ambulatory		MT
		③ Dental Exam		MT
		④ Chest X-Ray		MT
		⑤ CBC		MT
		⑥ Urinalysis		MT
		M.M. Swartz		
21 April '51	30 April	① Salicylic Acid 10% } 1/2 & 1/2		
30 Apr		Undecylenic Acid		
30 Apr		apply to lesions on rt. hand		
30 Apr		and rt. ankle bid.		
30 Apr		② Soaks c 10% Sodium		MT
30 Apr		Thiosulfate sol'n for rt. hand		
30 Apr		'bid	M.M. Swartz	
30 Apr		Komay Soak to lesions during day		
		10% Salicylic Oint 185		

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
Hill, Moran	71.226	
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)	146	DOCTOR'S ORDERS Standard Form 508



SE NO.

WD ACO FORM 8-225  
1 DEC. 1943

REGISTER NO.

19731

AGE

Ans)

21

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

DATE	_____
------	-------

WITH FIVE

[illegible]

DATE ORDERED		ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	May								
				7	8	9	10	11	12	13	14	15
B-1571	1951	Brought forward	1951									
B-1571	1951	Main Mess		L	V	L	L	L	L	L	L	L
B-1571	1951	Kitchen Scales during day		L	V	L	L	L	L	L	L	L
		10% Salicylic Oint 13S		C	V	C	C	C	C	C	C	C
				D	9	10	11	12	13	14	15	
B-1571	1951	Main Mess		E	V	V	V					
		Kitchen Scales during day		F	V	V	V					
		10% Salicylic Oint 16S		G	V	V	V					
				H								
				I								
				J								
				K								
				L								
				M								
				N								
				O								
				P								
				Q								
				R								
				S								
				T								

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE AS CERTIFICATION THAT DUTIES INDICATED HAVE

### DIAGNOSIS

147



# ARMY 389) CONSULTATION REQUEST AND REPORT

Name Hall, Loran E. Grade Cpl. Ward \_\_\_\_\_

Date 5-4-, 19 51.

Consultation requested because of swelling, itching  
and coming up of pustulant pimples  
 Provisional diagnosis Chronic recurrent dermatitis  
on rt. hand. R. last year shaved  
poor results.  
 Routine. \_\_\_\_\_  
 Emergency. \_\_\_\_\_  
 \_\_\_\_\_ M.D.

Date \_\_\_\_\_, 19\_\_\_\_ Date \_\_\_\_\_, 19\_\_\_\_  
 Office, Chief of \_\_\_\_\_ Service. Office, Chief of \_\_\_\_\_ Service.  
 To Chief of \_\_\_\_\_ Service. To \_\_\_\_\_  
 For consultation.

Approved. \_\_\_\_\_  
 Disapprove. \_\_\_\_\_  
 \_\_\_\_\_ M.C. \_\_\_\_\_ M.C.

Date \_\_\_\_\_, 19\_\_\_\_

Opinion of consultant:  
Dermatologist in here when  
patient arrived. Chronic in region  
have this cpi  
R. 1/2 inch case for - Louisport  
R. J. D. Moore



ABBREVIATED CLINICAL RECORD

Name

Hall, Loren F.

Grade

CPI

Ward

516-2

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

"low" for two days. Has hot  
joint aches and general malaise  
for 24 hr. 1/2 hour before admission  
he passed out according to witnesses.

Complete physical examination is negative except for the following:

Temp. 99.0, Rhinorrhea, dry cough,  
and pharyngitis.

Diagnosis: Influenza, beg.

Progress:

29 Sept 57. Asymptomatic. B.P. 112/76.  
Patient may be allowed to return to duty.  
if P.E. at 1600 is OK. 2 P. Carr  
Mig. M.L.  
30 Sept 57 Discharged to duty.  
Dr. R. H. Wenger

(Use both sides of this sheet.)



**TEMPERATURE—TREATMENT—NURSE'S NOTES**

[illegible]

# LABORATORY REPORTS

(Paste third report here and succeeding ones on above lines)

Name <u>HALL LOREN</u>	Serial No. _____	Rank <u>CPI</u>
Station <u>DET. C 779 MED</u>	<u>DET. APO 172</u> Ward _____	<u>516-2</u>
Examination requested by _____	<u>DONALD R. KORST, CAPT. MC</u>	<u>M. C.</u>
INDICATE EXAMINATION REQUESTED BY CHECK (✓) BELOW		
Color <u>yellow</u>	Character <u>clear</u>	Reaction <u>acid</u>
Sp. G. <u>1.012</u>	Albumen <u>neg</u>	Sugar <u>neg</u>
Acetone _____	Diacetic acid _____	Bile _____
Blood _____	Indican _____	Volume (24-hr.) _____
Microscopic _____	<u>some WBC</u>	<u>HPI</u>
Lab. _____		
Remarks _____		

Form 55 L-5  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942)

# URINALYSIS

Date 28 Sept 57 M. C.  
★ GPO 16-6969-2

7 SEP 1944 8-67 Form 55 L-1.  
23 December 1942, which may be used until  
existing stocks are exhausted.)

16-32174-3 \* GPO

AGL (1) 4-31-50M-18818



ISING  
IES AND  
ATMENT  
ORD  
ID NO.  
516  
2  
E NO.

DATE	NURSING NOTES	DATE	NURSING NOTES
28 Sept	Pt Adm Am 6 @ 1300. Seen By DR Grubis PR. 100 To Adm. TPR 98° 92 20 @ 12m Routine Lab work done @ 1530 APC Tab II @ 1400 Chest X-Ray done @ 1330 7/200. as Penicillin (Chest) Inhalation @ 1540 APC Tab II @ 1800 - 2400 - 0600		
29 Sept	Pt. slept well complains of upset stomach this AM. Penicillin Inhalation @ 1030 APC TAB II 86 hr. 12-6-12-6 INERA Red LAMP D.O. 10 min @ 1130		
30 Sept	Pt. Slept good during night No complains PT SEEN BY DR. WUNDER This AM & disch To duty		

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	DATE											
			28			29			30			Oct		
			0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300
28 Sept	1 Reg. diet					✓	✓	✓	✓					
28 Sept	2 Reg. lab work			✓										
	3 X-ray chest			✓										
	4 2 APC tabs every 6 hrs.			✓		✓	✓	✓						
	5 1 penicillin - inhalation													
	6 nose jelly			✓		✓								
	7 Infra-red light treatment													
	8 duty (10 min.)						✓							
30 Sept	Discharged to duty										✓			
	Dr. Sch. Geigley													

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN UPPER COLUMN OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE AS CERTIFICATION THAT DUTIES INDICATED HAVE

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

NU AGO FORM 8-225  
1 DEC. 1945

REGISTER NO.  
195  
GE  
21



TEMPERATURE GRAPHIC CHART																																
NAME <u>HALL, LOREN - E</u>														GRADE <u>CPI</u>				WARD <u>516-2</u>														
DATE <u>SEPT 1951</u> <u>28</u> <u>29</u> <u>30</u> <u>OCT 1</u>																																
DAY OF HOSPITALIZATION POSTOPERATIVE DAY																																
HOUR OF DAY																																
RESP.	PULSE	TEMP.	4	8	12	16	20	24	4	8	12	16	20	24	4	8	12	16	20	24	4	8	12	16	20	24	4	8	12	16	20	24
	180	107°																														
	140	106°																														
	120	105°																														
	100	104°																														
	80	103°																														
	60	102°																														
	40	101°																														
	20	100°																														
	0	99°																														
		98°																														
		97°																														
		96°																														
HEIGHT-WEIGHT																																
FLUID INTAKE	MOUTH																															
	PARENTERAL																															
	TOTAL																															
FLUID OUTPUT	URINE																															
	EMESIS																															
	OTHER																															
	TOTAL																															
SPUTUM																																
STOOLS																																
BLOOD PRESSURE																																
MEDICATIONS																																

W. D., A. G. O. Form No. 8-57  
15 September 1944

This form supersedes W. D., M. D. Form 55 H-2, 31 May 1939, which may be used until existing stocks are exhausted.

●—●—● TEMPERATURE  
○—○—○ RESPIRATION

●—●—● RADIAL PULSE  
○—○—○ APICAL PULSE

AGL (1) 5-50-25M-12745

153



ABBREVIATED CLINICAL RECORD

10th Gen. Disp

Name Hall, Forster E. Grade Cpl. Ward \_\_\_\_\_

(This sheet to be used in conjunction with 55A, M. D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

9 Jan. 51.

Since Sunday he is developing a cold.

Complaining of sore muscles, headache, coughing, no appetite.

Complete physical examination is negative except for the following:

4/21

Pharynx is injected  
Impr. of gen. malaise.

Aggr. upper respiratory infection.  
Progress:

D.R. Lord A.D.N.C. H.

10 Jan 51  
Light flu -  
DRK

11 Jan 51  
Lymph node postauricular - left ear

13 Jan 51  
Discharge  
DRK



TEMPERATURE—TREATMENT—NURSE'S NOTES

[illegible]

# LABORATORY REPORTS

Name HALL, LOREN Serial No. \_\_\_\_\_ Rank C.P.I.  
Station 10th GEN DISP Ward 578-17  
Examination requested by cast Korst  
Indicate examination requested by check (✓) below M. C.

Indicate examination requested by check (✓) below

**M. C.**

Kahn ✓

Wassermann

## Quantitative Kahn

INTEGRATIVE

### E. Typhosa

## Tularemia

**S. Paratyphi**

## Unfulant fever

**S. Schottmuelleri**

Well-Being

### Heterophile antibody

### Remarks

## Laboratory

WD AGO FORM 8-69  
1 OCT 1944

1 OCT 1944

Replaces WD MD Form 55 L-2,  
9 Jun 42, which may be used.

# SEROLOGY

Date \_\_\_\_\_

WD AGO FORM 8-81  
AUG 1944

8 AUG 1944

Replaces MD Form 551-15, 9  
Jun 12, which may be used.

**MISCELLANEOUS**

11

# BLOOD

Date \_\_\_\_\_

WD AGO FORM

067

7 SEP 1944 8-67 Form 551-1  
28 December 1942, which may be used until  
existing stocks are exhausted.)

**UNCLASSIFIED**

GPO 16-76969-3

3-12193



IE NO.

16 Jan. Good night.  
17 Jan. Eating well - good a.m.

W

Concussion of border



18/10  
E NO.

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	DATE																				
			9			10			11			12			13								
			0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300
9.1.	① Reg. Diet			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
51.	② Rant. lab. work			✓																			
	③ Diathermy lt. shoulder i.d.			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
	④ Penicillin proc i u i.d.	12		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
	⑤ Force fluids			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
	⑥ S.T.H. 14 3 q.i.d.			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
	⑦ Saline gargles			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
	⑧ Aspirin 11 tabs q.i.d.			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									
	⑨ Throat swab & culture			✓																			
10	Inhalation with Pen + 1/8 7/2 Mucosin					✓	✓	✓	✓	✓	✓	✓	✓	✓									
11	Neomycin 1/4 7/2 pen					✓	✓	✓	✓	✓	✓	✓	✓	✓									
13	Discharge																						

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN  
 COMPLETE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN  
OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE  
AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED					NAME	DIAGNOSIS
DATE OF ADMISSION	GRADE	ARMY SERIAL NUMBER				
9.1.51	Cpl	7224450	Hall, Loren		upper resp. inf.	



# 536TH GENERAL DISPENSARY

Penicillin

Therapy

Name HALL, LOREN. Rank C.P.1 ASN ..... Room 518 Bed 17

Date started 9 JAN 51 Completed 11 Jan 51 0800

Drug PRACINE. PENICILLIN 300 000 Units Stat. 1 x day  
 40 000 Units q. .... hr ..... Doses  
 20 000 Units q. .... hr ..... Doses

V. R. Hunt Capt. MC

10th Praine Penicillin

Date	Hour	Temp.	Date	Hour	Temp.
9 Jan 51	0300			0300	
	0600			0600	
	0900			0900	
	1200	300,000 u.		1200	
	1500			1500	
	1800			1800	
	2100			2100	
	2400			2400	
	0300			0300	
	0600			0600	
10 JAN. 51	0800	300,000 u.		0900	
	1200			1200	
	1500			1500	
	1800			1800	
	2100			2100	
	2400			2400	
	0300			0300	
	0600			0600	
	0800	300,000 u.		0900	
	1200			1200	
11 JAN 51	1500	900,000		1500	
	1800			1800	
	2100			2100	
	2400			2400	
	0300			0300	
	0600			0600	
	0900			0900	
	1200			1200	
	1500			1500	
	1800			1800	
	2100			2100	
	2400			2400	
	0300			0300	
	0600			0600	



(Check one) <input type="checkbox"/> BEDSIDE, WHEEL CHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
	HALL, LOREN-E CPL	195	516-2
	REQUESTED BY	DATE OF REQUEST	
	DR. GRUBICH	28-SEPT-51	
EXAMINATION REQUESTED	AGE	SEX	
Chest Plate	21	M	

SUMMARY OF PERTINENT CLINICAL HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

INFLUENZA

RADIOGRAPHIC REPORT (Use reverse side for additional space)

Neg. —

FILM NO. 1282  
 3008-1-1  
 (DATE OF REPORT)  
 WRK  
 REPORT MADE BY—(Initials)

7779-Med Det. C  
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY) AGL (1) 4-50-100M-11939

159

Standard Form 515a Promulgated August 1948  
 By Bureau of the Budget—Circular A-53

RADIOGRAPHIC REPORTS



## DISPOSITION BOARD PROCEEDINGS FOR OFFICERS

AR 40-590

1 NAME AND LOCATION OF HOSPITAL WHERE BOARD MET USAR, CAMP CHATEAU, ARKANSAS				2 DATE OF MEETING 18 July 52	
3 LAST NAME—FIRST NAME—MIDDLE INITIAL HALL, LORAN R.		4 ARMY SERIAL NO. DA17021150	5 GRADE Opl	6 ARM OR SERVICE ANTY	7 AGE IN YEARS 22
8 UNIT ORGANIZATION (REGIMENT, SQUADRON, GROUP COMMAND) 505th IP Co		9 DATE ADMITTED 10 Jul 52		10 TRANSFERRED FROM (FACILITY) Direct	
11 CIRCUMSTANCES UNDER WHICH ADMITTED TO HOSPITAL (CAUSE OF ADMISSION) Psychiatric evaluation			12 DATE ENTERED ON ACTIVE DUTY IN COMMISSIONED STATUS AND WHETHER LIMITED OR GENERAL SERVICE 30 June 1948		
13 MILITARY OCCUPATIONAL SPECIALTY (TITLE) None		14 CURRENT EFFECTIVE AERONAUTICAL RATING (IF ANY) None		15 ON FLYING STATUS PRIOR TO PRESENT PERIOD OF HOSPITALIZATION YES NO X	
16 AFTER CAREFUL CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION THE BOARD FINDS THE OFFICER TO HAVE THE FOLLOWING DIAGNOSIS. CONDITION UPON COMPLETION OF CASE, AND LINE OF DUTY FINDINGS FOLLOWING EACH DIAGNOSIS. (LIST DIAGNOSES BY NUMBER PREFIX.)  1. Epilepsy, grand mal. NLD EPTC. Soldier is unfit for full or modified duty.  Physical Profile 111111-0.  Does not meet the minimum standard requirements for induction or enlistment (par 77 f AR 40-115).					
17 DATE BECAME INCAPACITATED FOR MILITARY DUTY (ENTER ONE DATE) 10 Jul 52		18 APPROXIMATE DATE OF ORIGIN OF EACH INCAPACITY (ENTER EACH DATE) (1) 1945 (2) (3) (4)		19 15 CAUSE OF INCAPACITY INCIDENT TO SERVICE YES NO X	
20 EXISTED PRIOR TO ENTRY ON ACTIVE DUTY YES NO X		21 PERMANENTLY AGGRAVATED BY ACTIVE DUTY YES NO X		22 MAXIMUM HOSPITAL BENEFIT RECEIVED YES NO X	
23 DEGREE OF DISABILITY FOR MILITARY SERVICE (CHECK APPROPRIATE ITEMS) TOTAL PARTIAL PERMANENT TEMPORARY NONE X			24 TYPE OF SERVICE RECOMMENDED (CHECK ONE) GENERAL PERMANENT LIMITED TEMPORARY LIMITED NONE X		
25 32 QUALIFIED FOR OVERSEAS YES NO X					
26 STATE DISABILITY BRIEFLY IN NONTECHNICAL LANGUAGE Epileptic seizures - no treatment available.					
27 THE BOARD RECOMMENDS THAT: Individual be discharged from military service for the convenience of the government under provisions of SR 600-450-10.					
28 SIGNATURE OF BOARD MEMBER REQUIRED (PRESIDENT) HALL		29 SIGNATURE OF BOARD MEMBER REQUIRED (RECORDER) PETER P. HIGAN III		30 SIGNATURE OF THIRD MEMBER (NOT REQUIRED) JACK E. PRESSING	
31 NAME, GRADE, ARM OR SERVICE (TYPE) HOWARD C. REID CAPT., MC		32 NAME, GRADE, ARM OR SERVICE (TYPE) PETER P. HIGAN III 1ST LT., MC		33 NAME, GRADE, ARM OR SERVICE (REQUIRED) JACK E. PRESSING 1ST LT., MC	
34 POSITION VACANCY EXISTS YES NO CITE APPLICABLE WAR DEPARTMENT DIRECTIVE		35 DATE APPROVED JUL 22 1952		36 DATE APPROVED	
37 SIGNATURE OF LIAISON OFFICER		38 SIGNATURE OF C. O. OF HOSPITAL		39 SIGNATURE C. O. OR DEPUTY OF STATION	
39 NAME AND GRADE OF LIAISON OFFICER (TYPE)		40 NAME, GRADE, TITLE (TYPE) R. A. MURCHISON COLONEL, MC		41 NAME, GRADE, TITLE (TYPE)	
		42 DATE DEPARTURE		43 REMARKS	

WD AGO FORM 8-118  
1 MAR 1945Replaces WD AGO Form 8-118, 1 Oct 44,  
and 1 Feb 45, which may be used.

INSTRUCTIONS: Original and four copies to be prepared. Sign original only: Signature constitutes approval. Attach a brief Clinical Abstract on 8 x 10 1/4-inch white paper.

\*If possible, indicate any known defects upon entry on duty on a commissioned status for which a waiver was granted.

†Required only if Commanding Officer of Hospital is not authorized to issue orders.  
‡For Administrative purposes.

☆ U. S. GOVERNMENT PRINTING OFFICE 16-43580-3



CLINICAL RECORD

DOCTOR'S PROGRESS NOTES  
(Sign all notes)

10 DATE  
July 52

This man has a long standing history of grand mal epilepsy, and was discharged from the army on a previous occasions with this diagnosis. He has from one to two seizures per month under ordinary circumstances on medication. Lately his seizures have increased somewhat and he has had 3 seizures in the presence of the fellow ~~soldiers~~ soldiers of the MP Company. This has reached the attention of his commanding officer who sent him to the Psychiatry & Neurology Service for evaluation.

DIAGNOSIS: (3531) Epilepsy, grand mal, partially controlled, etiology unknown.

RECOMMENDATIONS: Discharge at the convenience of the government.

*Howard C. Reid*  
HOWARD C. REID, CAPT., MC

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME  
Hall, Loren

REGISTER NO.

16408

WARD NO.  
D8

U.S. ARMY, ST. LOUIS, MISSOURI

DOCTOR'S PROGRESS NOTES



## CLINICAL RECORD

## DIAGNOSTIC SUMMARY

DATE OF ADMISSION

10 July 52

DATE OF DISCHARGE

17 July 52

NUMBER OF DAYS HOSPITALIZED

7

### CLINICAL DIAGNOSES

(3531) Epilepsy, grand mal.

### OPERATIONS

NONE

### THERAPEUTIC PROCEDURES AND OTHER FACTORS OF CLINICAL INTEREST

PSYCHOTHERAPY

### PATHOLOGICAL DIAGNOSES

NONE

#### CAUSE OF DEATH

THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE DISEASE, INJURY, OR COMPLICATIONS WHICH CAUSED DEATH.

#### ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (ITEM A) STATING THE UNDERLYING CAUSE LAST.

THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

#### A. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

#### B. DUE TO (OR AS CONSEQUENCE OF)

#### C. DUE TO (OR AS CONSEQUENCE OF)

#### D. OTHER SIGNIFICANT CONDITIONS

SIGNATURE OF PHYSICIAN

P. F. REGAN III, 1st Lt., MC

DATE

17 July 52

IDENTIFICATION NO.

RA1722450

ORGANIZATION

505th MP Co.

REGISTER NO.

16406

WARD NO.

D8

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hall, Loran E.

USAH, CP CHAFFEE, ARK.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

U. S. GOVERNMENT PRINTING OFFICE

69-16-50189-1

DIAGNOSTIC SUMMARY  
Standard Form 501



Standard Form 502  
Promulgated August 1943  
By Bureau of the Budget  
Circular A-32

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	
10 July 52	17 July 52	7	

(Sign and date at end of narrative)

This 22-year old white male was admitted to the Psychiatry & Neurology Service because of severe ~~xx~~ grand mal epilepsy which has incapacitated him in military and civil life. He is discharged at the convenience of the government when symptoms return to preinduction level.

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
P. F. REGAN III, 1st Lt., MC	17 July 52	RA1722450	505th MP Co.
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.	
Hall, Loran E.	16406	D8	

NARRATIVE SUMMARY  
Standard Form 502

USAH, CP CHAFFEE, ARK.  
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

U. S. GOVERNMENT PRINTING OFFICE 16-56190-2



## CLINICAL RECORD

## HISTORY—Part 1

### NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

Chief Complaint - Epilepsy

### HISTORY OF PRESENT ILLNESSES

In 1946 pt was hit on the head with the blunt end of an ax and ~~being~~<sup>was</sup> rendered unconscious. About 6 months later he began having epileptic seizures. In addition he ~~says~~ says that he has had <sup>almost</sup> constant headaches with pains on both sides running from his temples to the rear of the head. In 1946 pt was also knocked unconscious after being hit on the head with a base ball bat.

In 1947 pt enlisted in the army but was discharged at the end of 4½ months. He claims that he was discharged because he had epilepsy but he says that he was not told that he had ~~xxx~~ that disease. After his return home in 1947 he saw a civilian doctor who told him that he was epileptic and put him on dialantin. Pt mentions that when he takes dialantin he may go one or more months without an attack but recently he has stopped taking medication. Pt reenlisted in the army in 1948 and has ~~xxxx~~ apparently been doing fairly well in the military since then.

He had a seizure about 5 days ago and mentions that the seizure perceeding the last one occured about 2 weeks ago.

About 3 weeks ago pt married a women whom he had met while he was overseas in ~~England~~ <sup>UUCOM</sup> While she is pregnant he brings out that he married her because he loves her. He is concerned over the possibility that their child might be epileptic and mentions that he had not married previously because of the possibilty.

Impressions: It seems that this pt does not accept the limitations of his illness very well. One example of that is that he was not taking his medication. Another is that he has been driving an automobile until recently when he had a seizure while driving, and the result was an automobile acciuent. His license however has been taken away.

(Continue on reverse side)

SIGNATURE OF PHYSICIAN

KENNETH P NEWFIELD 2nd Lt. MC Chief Special Work Section

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

HALL Loran

REGISTER NO.

16406

DATE

14 July 52

WARD NO.

D8

HISTORY—Part 1

Standard Form 504

USAH Camp Chaffee, Arkansas

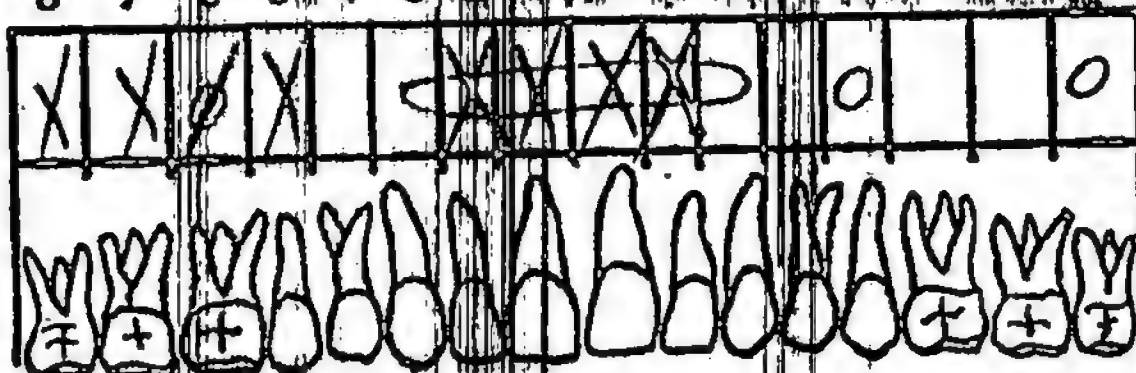
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)



# REPORT OF DENTAL SURVEY

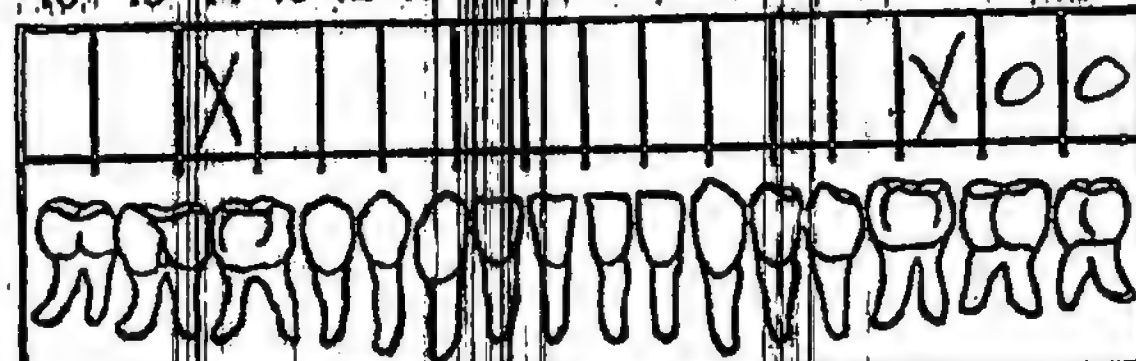
## UPPER TEETH\*

RIGHT LEFT  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



## LOWER TEETH\*

RIGHT LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17  
16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1



OCCLUSION *Mild slight* CLASS *3*  
PERIODONTOCALCULUS *N 0* SLIGHT, MEDIUM, HEAVY  
DENTAL FOCI SUSPECTED ☐ YES ☒ NO  
OTHER CONDITIONS

*Bdgs Del.*  
*X-Ray #3*

DATE

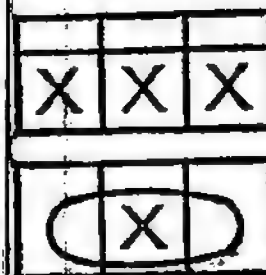
SIGNATURE OF DENTAL OFFICER

*26 July 1952 Capt J. H. Harkrader*

• RESTORABLE CARIOUS TEETH BY *0*  
• NONRESTORABLE CARIOUS TEETH BY *0*  
MISSING NATURAL TEETH BY *X*

TEETH REPLACED BY DENTURE  
(Horizontal line)

TEETH REPLACED BY FIXED BRIDGE  
(Oval to include abutments)



WD AGO FORM 8-116  
15 MAR 1945

This form superseded WD AGO Form 8-116, 11 May 1944 (formerly WD Form 79) which will not be used upon receipt of this revision.  
16-20822-2 GPO



CLINICAL RECORD

Report on Hall Loran E.  
or  
Continuation of S. F. Social History  
(Strike out one line) (Specify type of examination or data)

Identifying Data  
ASN RA 17 224 450  
Rank Cpl  
Orgn 505th MP Co  
Race W  
Age 22  
Rel P  
L/S 5 years

(Sign and date) 14 July 1952  
Date of Ind 30 June 1948  
Date of adm 11 July 1952  
Emergency Addressee  
Mrs Loran E. Hall (W)  
3011 Redwood  
Parsons, Kansas

General Appearance: Pt is a short dark haired individual of stocky build. He cooperated well and was spontaneous and voluble with no tendency to wander. He seemed to be in excellent spirits and displayed a somewhat cocky attitude. He appeared to enjoy the interview and smiled and laughed frequently and appropriately.

Family history: Father, about 42, had an operation 6 months ago for the removal of a cancerous growth on his forehead. The operation was apparently successful and he is now able to work. He is a division manager for a household goods wholesaler, and has made a good living at this. He has a quick temper and pt states that he's had many disagreements with his father who could never seem to let pt do what he wanted.

Mother, 41, has had fair health but spends some time in bed each year because of nervousness. She is a very emotional and used to have frequent crying spells. Noises and other disturbances tend to upset. She was fairly strict with pt when he was little but he feels he's gotten along much better with her than with his father.

Pt is the oldest of 2 siblings, one boy and one girl, ages 19 and 22. His sister is very emotional and "high strung" and has been going to a doctor for her nerves for 1 1/2 years. At times it is impossible to get along with but pt feels that he's gotten along with her as well as anybody else.

A maternal great aunt was in a mental hospital. As far as pt knows there is no history of epilepsy in his family.

Early Development: Pt was born in Newton, Kansas 4 Jan. 1930 and was a healthy baby. He was easily frightened as a child. He stuttered quite badly till he was 14. He had occasional temper tantrums as a child. No enuresis.

School history: Pt started to kindergarten at age 3 and quit at age 16 after he finished his third year of high school. He quit school to join the army and states that he's always wanted to be in the army. He liked school and always

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME  
Hall Loran E.

REGISTER NO.

WARD NO.

16406

28

USAH Cp Chaffee, Arkansas

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

REPORT ON

CONTINUATION OF

Standard Form 507



made passing grades. He got along o.k. with his teachers usually although occasionally he couldn't seem to get along with certain teachers. He got along well with his ~~xx~~ school mates and always took part in athletics especially football.

Work History: Pt worked as a salesman for ~~2 1/2~~ years. He worked for his father but didn't like to work with him. After a year he quit working with him and was hired as a salesman for a wholesaling grocery concern. He had an attack in a grocery store and lost ~~xxx~~ this store's business. His employers knew of his epilepsy but didn't seem to mind.

Delinquency Record: Negative.

Religion: Protestant. Baptist. He attends church irregularly and considers himself religious.

Sex History: Pt received considerable sex information from his father at age 16. He denies feeling any guilt over any aspect of his sexual behavior. He started dating at age 16 and has been out with a lot of girls especially in Germany. His first engagement was broken up when he had an epileptic attack in his fiancis presence. He has been legally married for 3 weeks but has lived ~~xxxxx~~ with his wife for 1 1/2 years. She is an English girl who is a professional ice skater. Pt met her while he was in Germany. They are expecting a child in Sept.

Avocations: Pt is a avid fisherman and states that he goes fishing every chance he gets. He likes to putter around the house. He doesn't like to be around people because of his siezures.

Health History: Pt has had seizures for 6 years. He has one every week or so when he's not taking dilantin but when he takes the dilantin regularly he has ~~only~~ one attack every month or two. He bites his tongue whenever he has a seizure says he "cruses the hell out of himself" sometimes when he falls during a seizure. He says that he only has 2 or 3 seconds warning before the fit comes. Following the fit he "aches all over" for an hour or so.

In 1946 pt received a brain concussion when he was hit in the head with a baseball bat. He was in bed for over a week following this. Pt has broken his right hand, left elbow, nose, and left knee in accidents. He seems to be always getting hurt. He had an appendectomy at age 11.

Military History: Pt enlisted in Newton, Kansas 7 Jan 1947 and completed 8 weeks of basic at Ft Lewis. He was sent to Madigan and was discharged after 4 months in the army. He again enlisted in 1948 and was sent directly to Germany where he was sent directly to Germany where he served 42 months in the MP's. He returned to the states in Feb 1952 and has been assigned to Cp Chaffee MP's since then. He has liked the army very much and likes being an MP. He's gotten along well with all army personnel ~~xs~~ and had planned to make a career of the army. He now feels that he wants a discharge.

Personality Traits: Pt has a hard time in getting to sleep but after he gets to sleep he sleeps good. He rarely dreams. He likes to drink and used to get drunk 3 or 4 times a month. He says he has quit drinking entirely. He smokes about 2 packs perday. He's never considered committing suicide.

*John W Dusenberry*  
JOHN W. DUSENBERRY PFC  
Social Work Tech.



CLINICAL RECORD

Report on Psychological Testing  
or  
Continuation of S. F.

(Strike out one line) (Specify type of examination or data)

14 July 1952

(Sign and date)

Tests Administered:

W-B Information  
W-B Comprehension  
W-B Similarities  
W-B Block Designs  
WCS Color-Form  
Draw-A-Person

Grayson Perceptualization  
W-B Picture Completion

Introduction: The patient appeared friendly, cooperative and related fairly well; ~~although~~ although the patient was somewhat smug and cocky. Affect appeared appropriate.

Test Analysis: The patient earned an average IQ of 118 (Chaffee Battery), indicating present function at the Bright Normal level. Abstracting ability seemed superior, particularly in the non-verbal areas, and the patient demonstrated an ability to readily shift his conceptual framework. Figure drawings showed signs of aggressiveness, negativism and evasiveness, with some feelings of insecurity. There appeared to be some sexual preoccupation. The tests were negative in signs of a thinking disorder or organic brain damage.

Impression: This record is most consistent with those of Bright Normal, somewhat aggressive, individuals with mild feelings of insecurity.

Robert W. Benson  
ROBERT W. BENSON, Pvt.  
Clinical Psychology Technician.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

HALL, LORAN E.

REGISTER NO.

16408

WARD NO.

D-8

USAH, CAMP CHAFFEE, ARK.

REPORT ON PSYCHOLOGICAL TESTING

or

CONTINUATION OF

Standard Form 507

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)



CLINICAL RECORD

Report on  
or  
Continuation of S. F.

Hall, Loran

Additional Information

(Strike out one line) (Specify type of examination or data)

(Sign and date)

24 July 52

Pt wanted to see one of the social work officers, and indicated in an excited voice that he had a problem. He felt that it was an emergency and therefore I saw him immediately.

Pt explains, that he has an uncle who is 27 years old who is a very good friend of his. This uncle was wounded in the second world war and lost the use of one arm. Following his discharge, he worked with his uncle in his father's business and they became fast friends. Recently his uncle became involved with a woman who was married to a Catholic and upon his uncle's insistence the woman became divorced. He was about to marry this woman when they had an argument and she left from Wichita to Kansas City, where this woman's former husband lived. At this, his uncle became very excited and depressed, and has not been acting normally since.

Pt then went on to say that he called his parents on this day, and <sup>they</sup> told <sup>him</sup> that his uncle is really acting abnormally. He is quite concerned because his uncle has entered into a Hot Rod race, which he feels is very dangerous and there is a possibility that his uncle may be killed. He feels that this is especially true because his uncle has never driven in Hot Rod races before, and in addition has only the use of one arm. He believes that this foolish move is a direct result of his uncle's breakup with this girl. He wanted us to give him some advice as to what he should say to his uncle when he calls him or what he should write to him if he should write. Pt showed a great deal of concern and excitement about this, and we felt that it was necessary to talk it over with him. It was pointed out that any reasoning with his uncle at this time may not at all be helpful. His uncle was probably doing this as a tension giving mechanism, and in time would probably get over it. However, if pt was to call him, pt would feel better if he did so, he may. It was advised that he speak to his uncle in a normal tone of voice, show as little excitement as possible, and let his uncle know that he was returning from the army soon and that they would be together again. In mentioning the Hot Rod races the pt was to act as if this was a normal and acceptable activity, for any excitement which he would give his uncle would only arouse his feelings, and make his uncle's attention getting device more useful. At the same time pt was supported in being calm about the situation, and helping him see that his uncle would probably get over this shortly.

*Paul H. Glasser*

PAUL H. GLASSER and Lt MSC  
Psychiatric Social Work Officer

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME  
Hall Loran

REGISTER NO.

16408

WARD NO.  
D-8

USAH Cp Chaffee, Arkansas

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

REPORT ON

or

CONTINUATION OF

187

Standard Form 507



CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Surgical Clinic*  
REASON FOR REQUEST (Complaints and findings)

FROM: (Requesting ward, unit, or activity)  
*G. P. Section*

DATE OF REQUEST

*15 July*

*Follow up.*

PROVISIONAL DIAGNOSIS

*Epilepsy, Grand mal*

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ ROUTINE

☐ EMERGENCY

CONSULTATION REPORT

15 July 52

There is a well healed scar over the thenar aspect of the right hand. There are two small nodules located over this area, one is somewhat painful but inferior. A small incision was made and the suture was removed. It appeared to be a 000 chromic catgut suture. In the other area no suture was found. The areas were cleaned with merthiolate and dressed. Pt. discharged from the clinic.

S A M SHASHY, 1st Lt, MC

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

*Hall, Loren E.*

*16406*

*D-5*

*U.S.A.H. Camp Chaffee, Ark.*  
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CONSULTATION SHEET  
Standard Form 513



CLINICAL RECORD

CONSULTATION SHEET

TO: *ENT* FROM: *D-5* DATE OF REQUEST *15 July 52*

REASON FOR REQUEST (Complaints and findings)

*Pain in Rt. ear*

PROVISIONAL DIAGNOSIS

*Etiology - 1st and 2nd*

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☒ ON CALL

☐ ROUTINE

☐ EMERGENCY

CONSULTATION REPORT

*15 July 52*

*Subacute flare up of old external otitis, it  
Drum OK. Moderate swelling and atrophy skin left, 5  
current activity. Tympanic also pale; not 100%  
Dr. Edgar C. Cline*

(Continue on reverse side)

SIGNATURE AND TITLE *Dr. Edgar C. Cline* DATE *15 July 52* IDENTIFICATION NO. *RA 1224450* ORGANIZATION *505th M.P.*  
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME *W. L. Brown* REGISTER NO. *16206* WARD NO. *2-5*

*USAH of Charleston*  
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CONSULTATION SHEET  
Standard Form 513



CLINICAL RECORD

LABORATORY REPORTS

*Routine*

(Check one) <input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME HALL LORAN E	REGISTER NO. 16406	WARD NO. 2-8
REQUESTED BY <i>H. Regan</i>		DATE OF REQUEST 18 July '52	
CHECK (✓) EXAM. REQUESTED	RESULTS	CHECK (✓) EXAM. REQUESTED	RESULTS
<input type="checkbox"/> W. B. C.	<i>9500</i>	<input type="checkbox"/> R. B. C.	
<input type="checkbox"/> DIFFERENTIAL COUNT		<input type="checkbox"/> HEMOGLOBIN	<i>14.5 gms</i>
NEUTROPHILS		<input type="checkbox"/> BLEEDING TIME	
LYMPHOCYTES		<input type="checkbox"/> COAGULATION TIME	
MONOCYTES		<input type="checkbox"/> BLOOD MORPHOLOGY	
EOSINOPHILS		<input type="checkbox"/> MALARIA SMEAR	
BASOPHILS			
OTHER TESTS OR EXAMINATIONS (Specify)			
REMARKS <i>B</i>		DATE OF REPORT <i>July 18</i> 2m (REPORT MADE BY—Initials)	
US Army Hosp., Camp Chaffee, Ark. (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)		Standard Form 514b Promulgated August 1948 By Bureau of the Budget—Circular A-32 HEMATOLOGY	

STAPLING MARGIN

*Routine*

(Check one) <input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME HALL LORAN E	REGISTER NO. 16406	WARD NO. 2-8
REQUESTED BY <i>H. Regan</i>		DATE OF REQUEST 18 July '52	
CHECK (✓) EXAMINATION REQUESTED			
<input type="checkbox"/> ROUTINE FLOCCULATION <input type="checkbox"/> ROUTINE COMPLEMENT FIXATION <input type="checkbox"/> OTHER (Specify)			
REPORT:			

NEGATIVE

*9/2*

US Army Hosp., Camp Chaffee, Ark. (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)	DATE OF REPORT <i>14-7-52</i>	SIGNATURE (Specify if not part of requesting facility) <i>[Signature]</i>
Standard Form 514c—Rev. May 1951. Promulgated By Bureau of the Budget—Circular A-32 SEROLOGY		

US Army Hosp., Camp Chaffee, Ark.  
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

URINALYSIS

PATIENT <i>Hall, Loran E.</i>	16406	2-8
US Army Hosp., Camp Chaffee, Ark. (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)		

LABORATORY REPORTS  
Standard Form 514

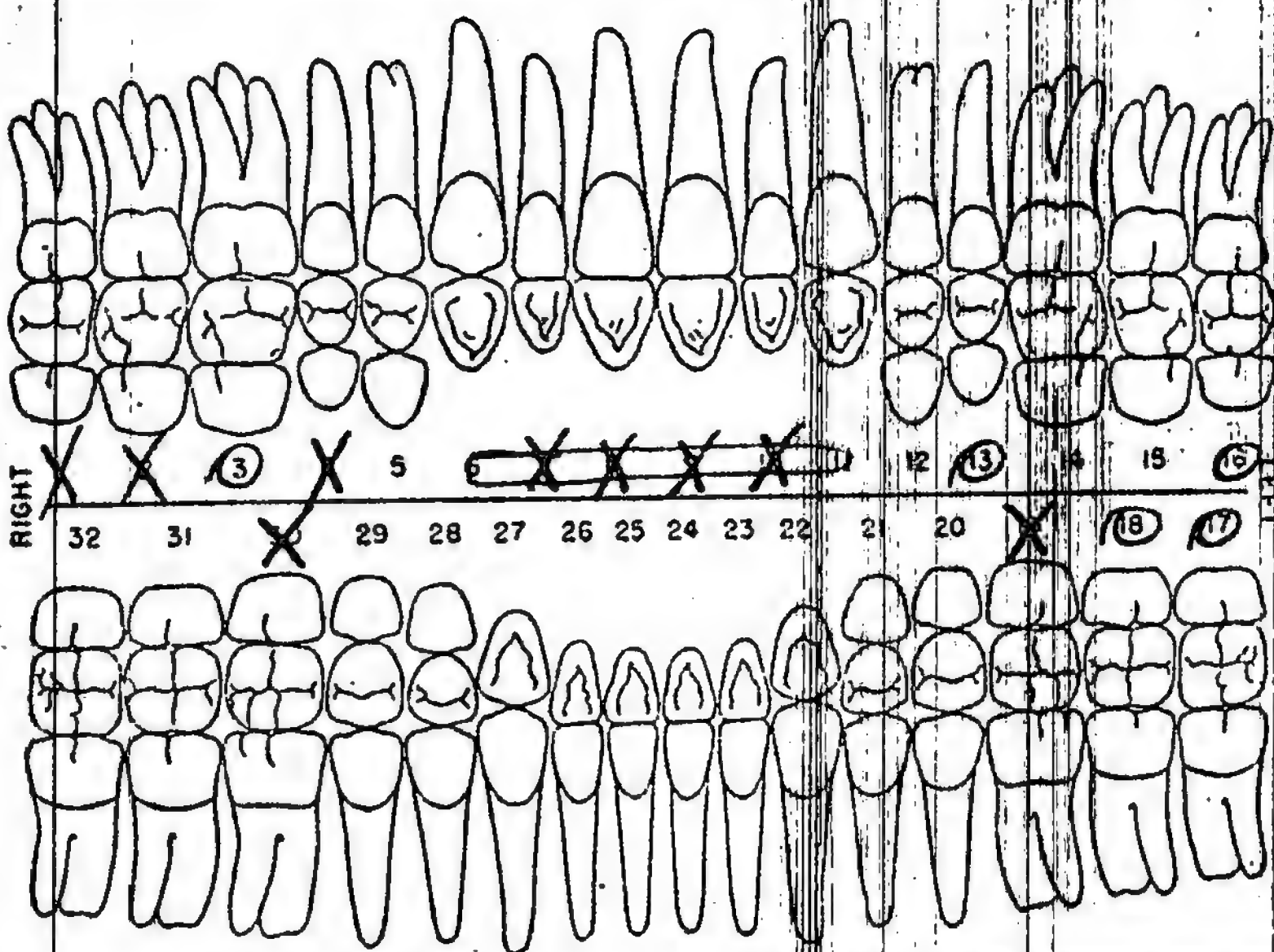
180



CLINICAL RECORD

DENTAL

REPORT OF DENTAL EXAMINATION



CALCULUS



SLIGHT



MODERATE



HEAVY

PERIODONTAL OR GINGIVAL DISEASE

*Slight*

ABNORMALITIES OF OCCLUSION

*Slight mal*

ORAL INFECTION (Other than gingival or periodontal): OTHER FINDINGS

*X-Ray T # 3*

*Extrac T # 3 - 3*

DENTAL CLASSIFICATION

RECOMMENDATIONS

*Bridge defective - replace facing.  
Not to be held in Hospital for Dental treatment*

APPROXIMATE TIME REQUIRED FOR COMPLETION OF RECOMMENDED DENTAL TREATMENT

DAYS

DENTAL FACILITY

*Hospital Dental Clinic*

DATE

*26 July 1952*

SIGNATURE OF DENTIST

*John H. Harkrader, Capt.*

INFORMATION FOR DENTAL SERVICE (To be filled in by referring agency)

☐ CHECK HERE IF PATIENT HOSPITALIZED FOR DENTAL TREATMENT ONLY

PRINCIPAL MEDICAL DIAGNOSIS

PATIENT REFERRED FOR

☐ EMERGENCY TREATMENT

☐ EXAMINATION FOR ORAL INFECTION

☐ OTHER (Specify)

☒ ROUTINE TREATMENT

☐ ELIMINATION OF ORAL INFECTION

REMARKS (Include any special precautions to be observed in treatment):

GRADE, RATING, OR POSITION

APPROXIMATE PERIOD OF HOSPITALIZATION

DATE REFERRED

SIGNATURE OF REFERRING PHYSICIAN

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

REGISTER NO.

WARD NO.

*HALL, LORAN E*

*16406*

*4-8*

*U.S.A.H. Camp Wheeler, Ark*

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)



GE NO.

REGISTER NO.

AGE

192

DATE	NURSING NOTES	DATE	NURSING NOTES
July 25	White Male Age 32 Admitted Ambulatory to Relief H. 8. Dr. Emery, 3rd Floor May have having seizures for past 5 months M. Mitchell M.D.		
26 July 1930	While administering ear drops Pt. became dazed then fell To floor & Seizure lasting approx 4 min. Seizure with thrashing movements of entire body. frothing at mouth. Complaining of headache		

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	DATE							
			July 10	11	12	13	14	15	16	
			0700 1500 2300	0700 1500 2300	0700 1500 2300	0700 1500 2300	0700 1500 2300	0700 1500 2300	0700 1500 2300	0700 1500 2300
9 July	Routine LTB.	A								
V	Regular Diet	B	/	/	/	/	/	/	/	/
	Dilantin 100 gm T.T.H.	C	/	/	/	/	/	/	/	/
	Sgt. Regan / 49	D								
15 July	Dental Clinic	E								
I	Surgeon's clinic	F								
	E.G.N.I. Clinic	G								
	Lt. Ryan	H								
	Terramycin ear drops q.i.d.	I								/
x yrs.	Capt Cohen (MOD)	J								/
16 July	Apc & Codeine grs bid for headache	K								/
	- Lt. Capt. Reid / 49	L								
17 July	Orders arranged forward	M	17	18	19	20	21	22	23	
	Regular Diet	N	/	/	/	/	/	/	/	/
	Dilantin o/poo tid	O	/	/	/	/	/	/	/	/
24 July	Orders copied	P	24	25	26	27	28	29	30	
	Reg Diet	Q	/	/	/	/	/	/	/	/
	Dilantin o/poo tid	R	/	/	/	/	/	/	/	/
26 July	Sod. Phospho 90% Stat	S	/	/	/	/	/	/	/	/
	Apc II STAT. CAPT COHEN (MOD)	T	/	/	/	/	/	/	/	/

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL OR BOTTOM LINE AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

**DIAGNOSIS**







AKDCH-SU-R

1st Ind

Headquarters, US Army Hospital, Camp Chaffee, Arkansas 22 Jul 1962  
(Date)

TO: Commanding Officer, 5th M P Co

1. In compliance with paragraph 6d, SR 600-450-10, inclosed here-  
with Medical Board Proceedings and allied papers pertaining to  
Cpl Loran E Hall, RA 17 224 450 a member of your command.

2. It is requested that paragraph 7 b, SR 600-450-10 be complied  
with. Correspondence should be addressed to Commanding General, 5th  
Armored Division, Camp Chaffee, Arkansas.

FOR THE COMMANDING OFFICER:

SIGNATURE

Capt, MSC

Chief, Medical Records Branch



Camp Chaffee, Arkansas

17 July 1952

SUBJECT: Request for Discharge

TO: Commanding General  
5th Armored Division  
Camp Chaffee, Arkansas

1. I request \* (discharge for the convenience of the Government) ~~(relief from active duty)~~ for physical disability. I have been notified that, based upon preliminary findings, I am considered unfit for retention in the military service on account of a physical disability which is considered to have existed prior to 30 June 1948-----  
(Enter date of entry on active duty and which appears to be not incident to, or aggravated by, prior or subsequent military service.

2. I certify that it has been fully explained to me that I am entitled as a matter of right to the same processing as any other member of the Army of the United States who is separated for physical disability, which includes consideration of my case by a physical evaluation board. However, I do not elect to exercise this right.

3. I further certify that it has been fully explained to me that as a result of this application and provided that the approved findings of a medical board corroborate the preliminary findings concerning my unfitness, I may be \* (discharged for the convenience of the Government) ~~(relief from active duty)~~ for physical disability without further hearing. I understand that such separation will be without disability retirement or disability severance pay, however, it does not preclude my applying for benefits administered by the Veterans Administration.

4. I understand that in the event this application is approved I will be honorably separated unless other circumstances connected with my period of service require a different type of separation.

James E. Hall Col. RA-17224450  
(Signature of member) (Grade) (Service no)

\*Strike out inapplicable term.

17 July 52  
(Date of application)



1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loran E				REGISTER OF DENTAL PATIENTS			
2. REGISTER NO.	3. ARMY SERIAL NO. RA 1722145	4. GRADE Cpl					
5. ORGANIZATION AND ARM OR SERVICE 505 MP Co							
6. AGE 22	7. RACE W	8. LENGTH OF SERV. 5 Yrs	9. DATE OF ADM. 18 Jul 52				
10. SOURCE OF ADMISSION							
*Required only when stencil procedure is used							
				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.			
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS			
				13. RESULTS AND REMARKS			
SIGNATURE OF DENTAL OFFICER							
<div style="text-align: center;"> VACO CLAIMS LOCATOR FOLDER #110 DEC 21 1959 P.M. 196 </div>							
16-20022-3							



# REPORT OF DENTAL SURVEY

## UPPER TEETH\*

RIGHT LEFT  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
8 7 6 5 4 3 2 1 2 3 4 5 6 7 8 9

X	X		X													0

## LOWER TEETH\*

RIGHT LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17  
16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

			X												X	0	0

OCCUSION N  
PERIODONTCLASIA No  
DENTAL FOCI SUSPECTED  
OTHER CONDITIONS

CLASS 2

CALCULUS: SLIGHT, MEDIUM, HEAVY

☐ YES

☒ NO

Bdg Fixed (Serv)  
X-Ray BW R<sup>L</sup>

DATE

18 Jul 1952

SIGNATURE OF DENTAL OFFICER

DR BERRY Capt DC

\*RESTORABLE CARIOUS TEETH BY O  
NONRESTORABLE CARIOUS TEETH BY /  
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE  
(Horizontal line)

TEETH REPLACED BY FIXED BRIDGE  
(Oval to include abutments)

X	X	X
---	---	---

(X)
-----

WD AGO FORM 8-116  
15 MAR 1945

This form superseded by WD AGO Form 8-116, 31 May 1944 (formerly WD AGO Form 79) which will not be used upon receipt of this revision.

16-20023-3 GPO

152



# OUTPATIENT

REPORTS CONTROL SYMBOL MED 13				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL, ROYAL E						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	317 22450	CPL				
5. ORGANIZATION AND ARL OR SERVICE (If AAF personnel, see below)*				C1	C2	
505th M.P. Co.						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
10. SOURCE OF ADMISSION				E1	E2	E3

* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet		F
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS		
6 June 52. About 1930 hours while walking up steps of office of 505th M.P. Co. This NCO slipped and fell striking right hand on step and lacerating it. He was performing duties as CQ for night hand examined - lacerated 1 1/2" laceration skin & subcut. fat. of thenar eminent. - One small A. No N. involvement. After injection procaine state 2nd & 3rd & 4th fingers distal phalanges palmar surf. tingling. Rechecked on return to Clinic. Hall 505		G
		H
		I
		J
		K
		L
		M
		N
		O
		P
		Q1
		Q2
		R
		S
		T
		U
		V1
		V2
		W1
		W2
12. LINE OF DUTY		
13. DISPOSITION		
14. DATE OF DISPOSITION		
15. DAYS LOST -> TOTAL		
HOSPITAL		
QUARTERS		
16. NAME AND LOCATION OF REPORTING INSTALLATION		
17. SIGNATURE		
U.S. Army Hosp., Camp Croffee, Ark.		

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)

O-961627 16-40864-3 gpo



REPORT CARD FOR ENLISTED					DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL					A1	A2	A3
HALL LORAN E							
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE			B1	B2	B3
	KA 17224450	EPR					
5. ORGANIZATION AND ARM OF SERVICE (If AAF personnel, see below)*					C1	C2	
CO F SM Q M							
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION		D1	D2	D3
22	W	5 YRS	9 APR 11 52				
10. SOURCE OF ADMISSION					E1	E2	E3
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet					F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS					G		
9 APR 11 52					H		
Dermatitis of					I		
RT. HAND.					J		
SENT to Dermatology					K		
DY 42					L		
					M		
					N		
					O		
					P		
					Q1	Q2	
					R		
12. LINE OF DUTY					S		
13. DISPOSITION					T		
14. DATE OF DISPOSITION					U		
15. DAYS LOST →		TOTAL	HOSPITAL	QUARTERS	V1	V2	
16. NAME AND LOCATION OF REPORTING INSTALLATION					W1		
U.S. Army Hqs. Camp Chaffee					W2		
17. SIGNATURE					W.D.A.C.O.		
					FORM NO. 8-24		
					1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)					10-40864-3 ☆ GPO		



REPORTS CONTROL SYMBOL MED 19				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
2. REGISTER NO. 3. ARMY SERIAL NO.				B1	B2	B3
4. GRADE				C1	C2	
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)*				D1	D2	D3
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	E1	E2	E3
10. SOURCE OF ADMISSION						

\* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet  
 11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

28 June 52  
 Surgery performed  
 by Capt. to  
 refer to Capt.  
 Based  
 of AAFPTC by B

12. LINE OF DUTY

13. DISPOSITION

14. DATE OF DISPOSITION

15. DAYS LOST → TOTAL

HOSPITAL

QUARTERS

16. NAME AND LOCATION OF REPORTING INSTALLATION

17. SIGNATURE

W. D. A. G. O.  
 FORM NO. 8-24  
 1 July 1944

(This form supersedes W. D. M. D. Form No. 52,  
 which will not be used after receipt of this revision.)

O-281627  
 16-48804-3 ★ GPO



REPORT OF DENTAL SURVEY																															
<div style="display: flex; justify-content: space-between;"> <span>✓ RIGHT</span> <span>UPPER TEETH</span> <span>LEFT</span> </div>												<div style="display: flex; justify-content: space-between;"> <span>RIGHT</span> <span>LEFT</span> </div>																			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
<div style="display: flex; justify-content: space-between;"> <span>RIGHT</span> <span>LOWER TEETH</span> <span>LEFT</span> </div>																<div style="display: flex; justify-content: space-between;"> <span>RIGHT</span> <span>LEFT</span> </div>															
OCCLUSION <i>bad</i>																CLASS <i>I</i>															
PERIODONTICLASIA <i>none</i>																CALCULUS: SLIGHT, MEDIUM, HEAVY															
DENTAL FOCI SUSPECTED																<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
OTHER CONDITIONS																<i>none</i>															
DATE <i>OCT 23 1952</i>																SIGNATURE OF DENTAL OFFICER <i>[Signature]</i>															
* RESTORABLE CARIOUS TEETH BY O NONRESTORABLE CARIOUS TEETH BY / MISSING NATURAL TEETH BY X																<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">             X X X           </div> <div style="border: 1px solid black; padding: 2px;">             X           </div> </div>															
TEETH REPLACED BY DENTURE <i>(Horizontal line)</i>																<div style="border: 1px solid black; padding: 2px;">             X           </div>															
TEETH REPLACED BY FIXED BRIDGE <i>(Oval to include abutments)</i>																<div style="border: 1px solid black; padding: 2px;">             X           </div>															
WD AGO FORM 8-116 15 MAR 1948																This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision. 16-20022-2 ☆ GPO															



## 10% GENERAL DISPENSARY

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loran E.					
2. REGISTER NO.		3. ARMY SERIAL No. 17224450		4. GRADE Pfc. Cpl	
5. ORGANIZATION AND ARM OR SERVICE 521st MP					
6. AGE 20	7. RACE W.	8. LENGTH OF SERV. 3 Yrs.	9. DATE OF ADM. 29 May 50		
10. SOURCE OF ADMISSION*					

REGISTER OF DENTAL PATIENTS

\*Required only when stencil procedure is used.

11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	12. DATES AND NATURE OF TREATMENTS AND OPERATIONS	13. RESULTS AND REMARKS
Adm R Exam	C1 I 5/29/50	AM
Facing loose	J-2 Fac recem 5/29/50	AM
Facing loose	L-2 Fac recem 8/11/50	AM
Abs Perl R-4	TE Anes L 9/11/50	AM
Abs Perl R-7	TE 9/11/50	AM
	XR R-4, R-7 9/11/50	AM
	1951 March	
Adm R	Exam 15	AM

SIGNATURE OF DENTAL OFFICER  
  
 12 Dental Corps

202

16-20022-2



REPORTS CONTROL SYMBOL MED 10				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL LORANE						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	RA 1722450	CPL				
5. ORGANIZATION AND AREA OF SERVICE (If AAF personnel, see below)*				C1	C2	
506 AMB						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
22	W	5 YR				
10. SOURCE OF ADMISSION				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
29 May 44				H		
Car wreck this a.m.				I		
no diff injury				J		
X-ray lumbar spine				K		
Count neg				L		
Duty				M		
40. under				N		
28 May 44				O		
Dinner in camp				P		
abd discomfort				Q1		
and diarrhea				Q2		
interior and abdominal				R		
over camp - diarrhea				S		
12. LINE OF DUTY				T		
13. DISPOSITION				U		
14. DATE OF DISPOSITION				V1		
15. DAYS LOST - TOTAL				V2		
HOSPITAL				W1		
QUARTERS				W2		
16. NAME AND LOCATION OF REPORTING INSTALLATION						
17. SIGNATURE						
203				W.D.A.G.O. FORM NO. 8-24 1 July 1944		

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)

O-961627 16-40804-3 ★ GPO



Rx 3/27/71 codman. Self Cap #3  
Q. 1/1/71  
Duty. M. J. G. 1/1/71

204



Dach

1. LAST NAME, FIRST NAME, MIDDLE INITIAL <b>Hall, Loran E.</b>				REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL NO. <b>RA 17224450</b>	4. GRADE <b>Cpl.</b>		
5. ORGANIZATION AND ARM OR SERVICE <b>505th MP Co. (Ward D-8)</b>				
6. AGE <b>23</b>	7. RACE <b>W</b>	8. LENGTH OF SERV. <b>5 Yrs.</b>	9. DATE OF ADM. <b>26 July 1952</b>	
10. SOURCE OF ADMISSION* <b>Hospital Dental Clinic Camp Chaffee, Arkansas</b>				
*Required only when stencil procedure is used.				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="text-align: center;">11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.</div> <div style="border: 1px solid black; padding: 5px;">AdmR Bde. Def. 6-11</div> </div> <div style="width: 35%;"> <div style="text-align: center;">12. DATES AND NATURE OF TREATMENTS AND OPERATIONS</div> <div style="border: 1px solid black; padding: 5px;">Exam Bde. Repaired (Facing replaced.) 28 July 26 1952</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <div style="text-align: center;">13. RESULTS AND REMARKS</div> <div style="border: 1px solid black; padding: 5px;">C1 3E C1 3E AAM</div> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 5px;">JHH</div> </div> </div>				
SIGNATURE OF DENTAL OFFICER				

201